

Arizona Early Intervention Program (AzEIP)

Team-Based Model Manual

**for
Provision of Early Intervention Services for Children
Eligible for AzEIP-Only**

**PHASE 1
January 2008**

ADES Mission Statement

The Arizona Department of Economic Security (ADES) promotes the safety, well-being, and self sufficiency of children, adults, and families.

AzEIP Mission Statement

The mission of the Arizona Early Intervention Program is to enhance the capacity of families to support their infants and toddlers with delays or disabilities to thrive in their homes and communities.

Introduction

Early intervention enhances and supports the resources of the family to promote the child's development and participation in family and community life. Early intervention professionals advise and assist families and other care providers in identifying natural learning opportunities that facilitate the child's successful engagement in relationships, activities, routines, and events of everyday life. Early intervention occurs in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child in meeting the expectations of his or her environment. The goal of early intervention is to include children with disabilities and their families in their community, and not to create separate, segregated settings for them.

Early intervention is governed by the Individuals with Disabilities Education Act (IDEA) of 2004 and its accompanying regulations.

Scope of Work

This manual applies to the activities and practices of the personnel (employed or contracted) who provide early intervention services to children who are eligible for the Arizona Early Intervention Program, but not eligible for the Arizona State Schools for the Deaf and the Blind (ASDB) or the Department of Economic Security/Division of Developmental Disabilities (DDD). Coordination and communication with ASDB and DDD are referenced throughout this manual to highlight the importance of the interagency system and working together to ensure a smooth process for families and children.

The resources referenced at the end of each chapter of this manual are located at www.azdes.gov/azeip.

CHAPTER 1

General Overview

This chapter defines the role of core team members, team lead, and non-contracted early intervention services.

This chapter includes:	Page:
Core Team Members	3
Team Lead	3
Non-contracted Early Intervention Services	4

Guidelines

1. The Arizona Early Intervention Program (AzEIP-Only) Contractor adheres to a team-based model for the provision of early intervention services.

Implementation Procedures

1. The contractor, through employment, contract or agreement, develops and operates early intervention core teams. The Contractor accesses early intervention services from the following disciplines in order to implement the AzEIP team-based model and each core team must have representation and participation of the following disciplines:
 - a. Occupational therapist,
 - b. Physical therapist,
 - c. Service coordinator,
 - d. Speech-language pathologist, and
 - e. Developmental special instructionist (a.k.a. early interventionist or developmental special instructor).
2. The physical therapist, occupational therapist, speech language pathologist, and developmental special instructionist may also act as a team lead and may also act as a service coordinator, fulfilling dual role (i.e. team lead and service coordinator) responsibilities.
3. In event that the number of referrals and/or eligible children in a specific region increases beyond capacity of the core team, the contractor may systematically add any core team discipline to expand capacity.
4. Unless approved in writing by DES/AzEIP, no single discipline, excluding service coordination, will represent more than two-times the full-time equivalency (FTE) of other disciplines.

Ex. A core team may be composed of 1 FTE Occupational Therapist (OT), 1 FTE Developmental Special Instructionist (DSI), 2 FTE Speech-Language Pathologists (SLP), and 2 FTE Physical Therapists (PT).

Ex. A core team may be composed of .5 FTE OT; .5 FTE DSI, .5 FTE PT; and .5 FTE SLP.

The FTE of a team is based upon the needs of the region (responding to referrals and serving eligible children and their families).

5. If, in expanding to respond to increased referrals and/or numbers of AzEIP-only eligible children, the team has two individuals representing each of the core team disciplines, the Contractor may divide the larger team into two smaller, complete teams with a separate caseload.
6. The core team must have access to psychological and social worker services as needed by the core teams and the members of the Individualized Family Service Plan (IFSP). These two disciplines are not considered part of the “core team” and will not act as team leads. Their expertise, however, must be available to support the core team and work with the family in the implementation of the IFSP.
7. Other early intervention services, not within make-up of the core team, but identified under IDEA, Part C will be accessed by the Contractor under the AzEIP team-based model. These non-contracted early intervention services are:
 - a. Assistive technology
 - b. Audiology
 - c. Family training, counseling, and home visits
 - d. Health
 - e. Medical
 - f. Nursing
 - g. Nutrition
 - h. Psychological
 - i. Social work
 - j. Transportation
 - k. Vision

See Chapter 11, *Definitions*, for definitions of these services.

8. The core team may invite and include non-contracted early intervention service professionals in the development and implementation of IFSPs.
9. A non-contracted early intervention professional may not be the team lead (e.g., a nutritionist).

Chapter 2

Teaming and Team Meetings

This chapter describes the process of team conference meetings, and the role team facilitator during team conference meeting.

This chapter includes:	Page:
Teaming	5
Team Conferencing Meeting	5
Team Meeting Agenda and Minutes	6

Guidelines

1. The purpose of team conferencing meetings is to share information among team members about children and families enrolled in AzEIP, provide coaching opportunities, and ensure that services are provided in accordance with the IFSP.
2. Team conferencing meetings will include all core team members and occur weekly.
3. The core team members will review the status of IFSP outcomes and early intervention activities of all families served by the team on at least a quarterly basis. The family will be invited to the team conferencing meeting for their family. The team will accommodate family participation by phone or other means to ensure it is convenient for the family.
4. Although not all core team members may be on the family's IFSP team, the quarterly team conferencing meeting is intended to ensure that each family and each IFSP team has the access and opportunity to involve the other core team disciplines in strategizing and problem-solving on behalf of the family.
5. No decisions are made at the weekly team conferencing meetings without the parent and documentation on the IFSP. Instead, if the parent does not want to participate in the meeting, information such as questions from the family is shared by the team lead. The team lead then shares the team's discussion with the family.
6. The team lead will identify the need for involvement from the psychologist, and/or social worker.

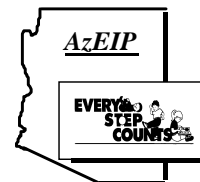
Implementation Procedures

1. Team conferencing occurs formally during the weekly scheduled team meetings when the team conducts quarterly reviews for the children and families on the team's caseload. Team conferencing may occur in person or teams may use telephone conferencing to ensure all team members participate. (A Contractor may also have separate, small teams with individual caseloads that meet for shorter periods of time due to the smaller caseload.)

2. The team organizer (who may be one of the core team members or another designee) completes the agenda and sends out to the team. (See Chap. 2 Exhibits, Team Meeting Agenda).
3. The weekly discussion does not include all children and families, but only those requested by a team member to be included on the agenda or those scheduled for their quarterly review.
4. The team organizer facilitates the meeting and writes the minutes of the meeting to ensure an accurate record of what was discussed. (See Chap. 2 Exhibits, Team Meeting Minutes).
5. During team conferencing meetings, coaching between IFSP team members enables non-team lead members to support the team lead in exploring and incorporating developmental approaches and techniques into early intervention strategies with families and caregivers to ensure that development is supported as an integrated and holistic process.
6. If the team determines that the team conferencing review for a family and child needs to occur sooner than the quarterly timeline, the team lead or service coordinator will contact the team organizer and request that the family be added to the team conferencing weekly agenda. Once discussed, the family's IFSP will be scheduled for a quarterly review three months from the last team conferencing review, unless the team lead or service coordinator identifies a need to discuss the IFSP sooner.

Resources: www.coachinginearlychildhood.org

Hanft, B., Rush, D. & Sheldon, M. (2004). *Coaching Families and Colleague in Early Childhood*. Baltimore, MD: Paul H Brookes Publishing Co.).



Team Meeting Agenda

Date: _____ Team Name: _____

Beginning Time: _____ Ending Time: _____

Team Members Present:

1. Pre-IFSP activities

-
-

2. Primary Coaching Opportunities

-
-

3. Quarterly Updates

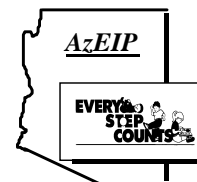
-
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4. Announcements

-
-

5. Scheduling

-
-



Team Meeting Minutes

Date: _____ Team Name: _____

Beginning Time: _____ Ending Time: _____

Team Members Present:

Primary Coach: _____

Child Name: _____

Beginning Time: _____ Ending Time: _____

Topic: _____

Primary Coach: _____

Child Name: _____

Beginning Time: _____ Ending Time: _____

Topic: _____

Primary Coach: _____

Child Name: _____

Beginning Time: _____ Ending Time: _____

Topic: _____

Chapter 3

Referral

This chapter describes the referral process and assignment of the service coordinator.

This chapter includes:	Page:
Referral to AzEIP	9
Assignment of Service Coordinator	9 - 10
Referral to DDD or ASDB	9

Guidelines

1. The Contractor provides service coordination for a family from the time of the referral to AzEIP until:
 - a. the child is determined not to be a child suspected of having a disability (i.e. screened out); or
 - b. the child is determined ineligible for AzEIP; or
 - c. the initial IFSP meeting for a child determined eligible for another AzEIP service providing agency, at which time DDD or ASDB provides service coordination at the initial IFSP meeting and thereafter; or
 - d. the child later becomes eligible for ASDB and/or DDD; or
 - e. the child transitions out of early intervention, such as when the child turns three years old, when the child is eligible for AzEIP-only.
2. Any referral source may refer directly to the Arizona Early Intervention Program. Referrals may be received from families, physicians, hospitals, and others in the medical community, schools, childcare providers and other referral sources.
3. A referral to DDD or ASDB **is** a referral to AzEIP. Therefore, the date a referral is received by DDD or ASDB is the date the 45-day timeline begins.
4. The Contractor appoints a Service Coordinator upon the receipt of a referral.
5. Upon referral of a child who is approaching his/her third birthday or over the age of three at the time of the referral, the procedures outlined in the Child Find Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education (Child Find IGA) must be followed, including use of the required forms. (See Chap. 3 Exhibits, Child Find Tracking Forms 1 and 2).

Implementation Procedures

1. The Contractor may receive a referral in many ways, including, referrals through the online referral system, and by mail, e-mail, and fax.
2. The Contractor who receives the referral, identifies the service coordinator who will make the initial contact with the family. (See Chap. 3 Exhibits for a sample Telephone

Referral Form). Contact generally is made by telephone unless the family has specified otherwise and for families without a telephone, by letter.

3. The service coordinator contacts the family within two (2) working days of the initial referral to confirm receipt of the referral, briefly describe the purpose of early intervention and the early intervention process, and verify family interest in early intervention.
4. The explanation of the purpose of early intervention and the team-based model includes the following concepts:
 - a) Early intervention is functional – teams focus on supporting attainment of outcomes, which families define as meaningful and functional for their family, rather than mastering specific skills outside of the context of the family's routines and priorities.
 - b) Early intervention supports inclusion – teams focus on enhancing caregivers' confidence and ability to support their children and facilitate learning and engagement in everyday routines and relationships within their community.
 - c) Team support is holistic – each team member contributes his/her expertise to a complete and integrated understanding of the child, recognizing that all areas of a child's development interact and influence each other.
 - d) Team members support each other – members share information to support each other's growth and learning.
5. The service coordinator completes a referral letter and sends it to the referral source. This letter will acknowledge receipt of the referral and describe the general steps taken in response to the referral. (See Chap. 3 Exhibits, Initial Referral Feedback Letter).
6. If the contractor is unable to process the referral because there is not enough information to contact the family, and reasonable attempts to gather this information from the referral source are unsuccessful, the contractor sends the referral source a letter notifying them that the referral will be closed. (See Chap. 3 Exhibits, Unable to Process Referral letter).
7. If the contractor is unable to contact the family, a letter is sent to the family asking about their interest in proceeding with early intervention. (See Chap. 3 Exhibits, No Contact letter). The service coordinator should attempt to contact the family over a 2-3 week period on different days of the week and at different times of the day. If the family does not have a telephone, other means, such as sending a letter, should be used allowing the family sufficient time to respond.
8. The service coordinator enters all initial referral information into the DES automated database – the Arizona Child Tracking System (ACTS).
9. The service coordinator may begin completing the Child and Family page of the IFSP to begin documentation of important information if the family is interested in early intervention.
10. The service coordinator documents all activities and maintains a log in the child's record. (See Chap. 3 Exhibits, Service Coordination log)

Resources: Child Find Intergovernmental Agreement
Technical Assistance Bulletin # 4, *When to Close a Referral*

ARIZONA'S CHILD FIND TRACKING FORM

I. Referral from AzEIP, Union High School or Charter School to District of Residence

Section I Referring Agency Instructions:

When any AzEIP Initial Planning Process (IPP) Team, a union high school district, or a public charter school receives a request for an evaluation or a statement of concern from a parent about the development of their child between the ages of 2 years 9 months and 5 years of age, **(1 a)** they will complete **Boxes 1-17** of this form *within 2 business days* of the date the initial parental referral was received and **(1 b)** fax this form to the district of residence with a cover sheet marked 'Confidential'. This begins the timeline requirement for eligibility determination (45 days to screen, 60 days to evaluate). If the parent chooses both Part B and Part C for the child between the ages of 2 years 9 months and 3 years of age, AzEIP and the district of residence shall coordinate efforts to expedite timelines **(Box 5)**. A copy of this tracking form must be maintained for monitoring purposes.

(2) The referring agency is responsible for verifying the status of the referral to meet the 45 day timeline **(Box 18)**.

(3) If the district of residence has not notified the referring agency *within 30 calendar days* from the date of the initial referral, the referring agency must contact the district of residence to verify the status of the eligibility determination process **(Boxes 19-20)**.

(4) If eligibility determination (screening or evaluation) is not in process to meet prescribed timelines, or the status cannot be verified by the district of residence, the referring agency must document the status and immediately fax this form to the ADE/Child Find Unit **(Box 20 and Section III)**.

Section I Initial Referral Data

		1. Date of initial referral
2. Child's name	3. Parents'/guardians' names	4. Child's date of birth
5. <input type="checkbox"/> Parent selected both Part B & Part C	6. Parents' mailing address	
7. Parents' home phone number	8. Parents' work phone number	9. Parents' alternative phone number
10. Person sending referral	11. Sender's agency	12. Sender's phone number
13. Sender's fax number	14. Person receiving referral	15. Name of receiving district of residence
16. Receiver's phone number	17. Receiver's fax number	18. District of residence notified referring agency on status of referral District staff: Date:
19. Date of contact with district of residence By agency staff: _____ To district of residence staff: _____		20. Status of referral <input type="checkbox"/> In process to meet timeline requirements <input type="checkbox"/> Not in-process or not verified - file alert (Section III)

Section II District of Residence Instructions:

(1) The district of residence must immediately begin the screening or evaluation process **(Box 21)**. A copy of this tracking form must be maintained for monitoring purposes.

(2) *Within 30 calendar days* of the initial referral date **(Box 1)** the district of residence must fax this form to the referring agency to notify them of the status of the referral **(Box 20 & 22)**.

(3) If an Alert is filed the referring agency will complete **Boxes 23-24** upon completion of the screening or evaluation, notify the parents, and fax this form to the referring agency and the ADE/Child Find Unit at (928) 679-8124.

Section II Documentation of Referral from AzEIP, Union High School or Charter School & Follow-up

21. Date of agency referral Received by district of residency staff: _____	22. Date agency notified of status of referral By district staff: _____ To agency staff: _____
23. If Alert filed, date eligibility completed	24. Alert notification to parent, referring school, AzEIP State office & Child Find Unit By AzEIP staff: _____ Date: _____

Section III Alert Instructions:

If eligibility determination is not in process, or is not verified, the referring agency must complete **Boxes 25-27** and within 2 days fax this form to the ADE/Child Find Unit at (928) 679-8124. The ADE/Child Find Coordinator will contact the district of residence to ensure the screening and/or evaluation process is being expedited. For more information contact the ADE/Child Find Coordinator at (928) 679-8106.

Section III Alert to Arizona Department of Education/Child Find Unit

25. Date Alert sent	26. Person sending Alert	27. Sender's phone number
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Section IV Arizona Department of Education/Child Find Unit Follow-Up

Date Alert received	Person receiving Alert	Date & Action Taken
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ARIZONA'S CHILD FIND TRACKING FORM

Referral from a PEA (District or Charter School) to AzEIP

Section I PEA Instructions:

When any PEA receives a statement of concern from a parent about the development of their child aged birth to 3 years, **(1 a)** they will complete **Boxes 1-17** of this form within 2 business days of the date the initial parental referral was received and **(1 b)** fax this form to the closest AzEIP Initial Planning Process (IPP) Team with a cover sheet marked 'Confidential'. This begins the AzEIP timeline requirement for the eligibility process (45 days from intake/screening through development of the IFSP). If the parent chooses both Part B and Part C for the child between the ages of 2 years 9 months and 3 years of age, AzEIP and the district of residence shall coordinate efforts to expedite timelines **(Box 5)**. A copy of this tracking form must be maintained for monitoring purposes. A copy of this tracking form must be maintained for monitoring purposes.

(2) The PEA is responsible for verifying the AzEIP eligibility determination process is near completion to meet the 45 day timeline **(Box 18)**.

(3) If the AzEIP IPP Team has not notified the referring PEA *within 30 calendar days* from the date of the initial referral, the PEA must contact the AzEIP Team to verify the status of the eligibility determination process **(Boxes 19-20)**.

(4) If eligibility determination is not in process for 45 day completion, or the status of the referral cannot be verified by the AzEIP IPP Team, the PEA must document the status and immediately fax this form to the ADE/Child Find Unit, (928) 679-8124, and DES/AzEIP, (602) 200-9820, **(Box 20 and Section III)**.

Section I Initial Referral Data			1. Date of initial referral
2. Child's name	3. Parents'/guardians' names	4. Child's date of birth	
5. <input type="checkbox"/> Parent selected both Part B & Part C	6. Parents' mailing address		
7. Parents' home phone number	8. Parents' work phone number	9. Parents' alternative phone number	
10. Person sending referral	11. Sender's district or charter school	12. Sender's phone number	
13. Sender's fax number	14. Person receiving referral	15. Name of receiving agency	
16. Receiver's phone number	17. Receiver's fax number	18. AzEIP notified PEA on status of referral AzEIP staff: _____ Date: _____	
19. Date of contact with AzEIP By PEA staff: _____ To AzEIP staff: _____		20. Status of referral <input type="checkbox"/> In process for IFSP completion within 45 days <input type="checkbox"/> Not in-process or not verified - file Alert (Section III)	

Section II AzEIP Instructions:

(1) The AzEIP IPP Team must immediately begin the eligibility determination process **(Box 21)**. A copy of this tracking form must be maintained for monitoring purposes.

(2) *Within 30 calendar days* of the initial referral date **(Box 1)** the AzEIP IPP Team must fax this form to the referring PEA to notify them of the status of the referral **(Box 20 & 22)**.

(3) If an Alert is filed, upon completion of the eligibility determination process the AzEIP IPP Team will complete **Boxes 23-24**, notify the parents, and fax this form to the referring PEA, the DES/AzEIP state office at (602) 200-9820, and the ADE/Child Find Unit at (928) 679-8124.

Section II Documentation of Referral from PEA and Follow-Up

21. Date of PEA referral	22. Date PEA notified of status of referral	
Received by AzEIP staff: _____	By AzEIP staff: _____	To PEA staff: _____
23. If Alert filed, date eligibility completed	24. Alert notification to parent, referring school, AzEIP State office & Child Find Unit By AzEIP staff: _____ Date: _____	

Section III Alert Instructions:

If eligibility determination is not in process, or is not verified, the PEA must complete **Boxes 25-27** and within two days fax this form to the ADE/Child Find Unit at (928) 679-8124. The ADE/Child Find Coordinator will contact the DES/AzEIP State office to ensure the eligibility determination process is being expedited. For more information contact the Child Find Coordinator at (928) 679-8106.

Section III Alert to Arizona Department of Education/Child Find Unit

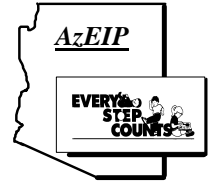
25. Date Alert sent	26. Person sending Alert	27. Sender's phone number
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Section IV Arizona Department of Education/Child Find Unit Follow-Up

Date Alert Received	Received by	Date & Action Taken
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ARIZONA EARLY INTERVENTION PROGRAM

TELEPHONE REFERRAL FORM



Date: _____

Time: _____

Child's Name: _____

Date of Birth: _____

Mailing Address: _____

Directional Address: _____

Telephone: (____) _____ ☐ Home ☐ Message ☐ Other

Parent's or Guardian's Name: _____

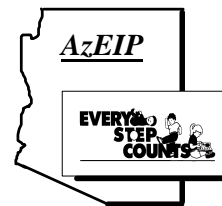
Referring agency/Person: _____

Telephone: (____) _____ ☐ Home ☐ Message ☐ Other

Reason for referral/

Parental Concerns: _____

Person receiving referral: _____



ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

TYPE YOUR PROGRAM NAME HERE

(Date)

(Referral Source Name)

(Mailing Address)

Dear (Referral Source Name),

Thank you for your recent referral of (Child's Name) to the Arizona Early Intervention Program (AzEIP). We will contact the family within two days and at that time we will share some basic information about early intervention. If the family is interested, we will arrange to meet with them to share further information about early intervention and to begin the initial planning process, which includes: evaluation and assessment, determination of eligibility and, if the child is determined to be eligible for AzEIP, development of the Individualized Family Service Plan (IFSP).

In order to provide you with additional information about the outcome of this referral we must have parental consent. If the parent consents, we will send additional information at the time of completion of eligibility determination.

Should you have any questions, or if you would like additional information about AzEIP, please feel free to contact me at (telephone number).

Sincerely,

(Name

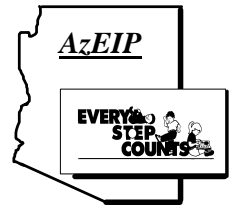
Program

Program Address

Program phone number)

ARIZONA EARLY INTERVENTION PROGRAM
FOR INFANTS AND TODDLERS

[TYPE YOUR PROGRAM NAME HERE]



[DATE]

[NAME]

[ADDRESS]

Dear [NAME]:

Thank you for referring [NAME OF CHILD] to the Arizona Early Intervention Program. At this time, we are unable to process the referral because we do not have sufficient information to proceed. Please fax to me the information below so we can complete the referral. Thank you.

Sincerely,

[NAME]

[PROGRAM]

[TELEPHONE NUMBER]

PLEASE FAX THE FOLLOWING INFORMATION TO [FAX NUMBER]:

___ Name of person(s) with whom the child lives _____
___ Telephone number to contact _____
___ Child's address _____
___ Child's name _____
___ Child's date of birth _____
___ Other _____



SERVICE COORDINATOR LOG

Child's name: _____ Page: _____

Service Coordinator's Name: _____ Discipline: _____

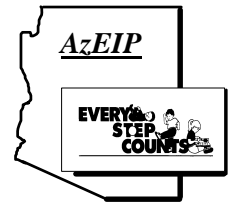
Date	Location: SCD = with family SCN = not with family	Describe Activity	Total time (in minutes and hours)

Child's Name: _____

Page: ____

Date	Location: SCD = with family SCN = not with family	Describe Activity	Total time (in minutes and hours)

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS



TYPE YOUR PROGRAM NAME HERE

(Date)

(Parent's Name)
(Mailing Address)

Dear (Parent's Name):

Your child, (child's name) has been referred to the Arizona Early Intervention Program. We have been unable to contact you by phone. Please let me know if you are interested in determining if (child's name) is eligible for early intervention supports and services. I can help you with the process. If you are interested, please call me, (name) at (phone #), by (date). If I do not hear from you by (date), I must close the referral.

I am enclosing some information about early intervention. You can also find information on our web site at www.azdes.gov/azeip/. If you wish to find out about early intervention services in the future, please call me. I will gladly assist you. My phone number is (phone number), and I am located at (address).

Sincerely,

(Name)
(Program Name)

Chapter 4

Identification of Children Suspected of Having a Developmental Disability or Delay

This chapter includes information on the purpose of early intervention, identifying children suspected of having a developmental disability or delay, and the screening process.

This chapter includes:	Page:
Screening Process	19
Approved Screening Tools	19
Consent forms	19

Guidelines

1. The core team undertakes activities to identify whether a child referred to AzEIP is suspected of having a developmental delay or disability.
2. The core team uses screening processes, as appropriate, with an AzEIP-approved screening tool. The following screening tools are approved to determine whether a child is suspected of having a developmental delay:
 - a. PEDS (Parents Assessments of Development Status)
 - b. Ages and Stages Questionnaire
 - c. Ages and Stages Questionnaire: Social Emotional Scale (this tool would need to be supplemented by another tool to ensure all areas of development are covered).
3. Children who are suspected of having a developmental delay or disability, with parental consent, receive a comprehensive, multidisciplinary evaluation to determine eligibility.
4. The core team conducts multidisciplinary evaluations of children suspected of having a developmental delay or disability and determines AzEIP eligibility, as well as, provides support and information for eligibility determination with DDD and ASDB.
5. For children who are known to have an established condition that makes the child automatically eligible for AzEIP, and with parental consent, the contractor assigns a multidisciplinary team to conduct a comprehensive evaluation and assessment to support the development of the IFSP. The team must use one broad spectrum tool (norm or criterion referenced) to meet the requirements for assessing a child's present levels of development and to complete the Child Indicators Summary form. (See Chapter 5 for approved tools).

Implementation Procedures

1. The service coordinator meets with the family in their home or other location identified by the family within ten (10) business days of the initial referral date to discuss the purpose of early intervention and to explore the priorities and concerns of the family.
2. Information is shared with the family about the expectations for the family's experience in early intervention:

- a. Families and children maintain their naturally occurring relationships and supports.
 - b. Children participate more actively and meaningfully in the relationships and settings that their families define as a priority.
 - c. Families and caregivers expand their ideas, strategies, and problem-solving skills in order to help their child participate and be successful throughout the day.
3. If needed, the service coordinator (whether a dedicated or a dual role service coordinator) will conduct a developmental screening to determine if the child is suspected of having a developmental delay or disability and proceeds to an evaluation. (If the child has an established condition, a screening tool is not needed.)
4. If, based on the screening, observation, discussion with the family and review of pertinent medical and/or developmental records available, the child **is not** suspected of having a developmental delay or disability, the service coordinator will:
 - a. inform the family, team lead (if not also the service coordinator), and other team members that information does not substantiate the need for an evaluation to determine eligibility.
 - b. provide the family with prior written notice, verbally and in writing, indicating that AzEIP will not proceed with an evaluation. (See Chap. 4 Exhibits, Prior Written Notice/Notice of Action form).
5. If screening, observation, discussion with the family and/or review of available records indicate that the child **is** suspected of having a developmental delay, the service coordinator will describe to the family the evaluation process and their procedural safeguards, including dispute resolution procedures, confidentiality, and the family's rights to inspect and copy records.
6. If the family has private insurance, the service coordinator discusses with the parent the use of private insurance as a possible source for paying for AzEIP services, including the evaluation. The service coordinator explains to the family that the family will not be denied services if permission is not given, but that this is one source that is considered when providing services. The service coordinator also lets the family know that AzEIP will pay their co-pay or deductible if required, so they will not have any out-of-pocket expenses.
7. If the family agrees to allow use of its private insurance, the service coordinator also asks the family to sign the written consent form and completes the insurance information on the form. (See Chap. 4 Exhibits, Consent to Use Insurance).
8. If the family is interested in proceeding, the service coordinator obtains written consent from the parent to conduct the evaluation. (See Chap. 4 Exhibits, Consent to Evaluate/PWN).
9. The service coordinator also discusses with the family the option to share information (e.g., evaluation results and/or the IFSP) with others, such as the pediatrician. If the family is interested, the service coordinator completes the Consent to Share and Release Information form and specifically checks the individuals to whom the family has agreed to share information and the records which they agree to share. (See Chap. 4 Exhibits, Consent to Share and Release Information).
10. If Child Protective Services is involved with the family of a child (e.g., when the child is a ward of the state or there is an in-home placement), the service coordinator will follow the AzEIP procedures to identify an appropriate representative to act as the child's educational parent under IDEA, Part C, which may include the appointment of a surrogate parent. The service coordinator will communicate activities and next steps with the Child Protective Services

specialist and the biological and/or foster parent, with appropriate consent from the educational parent. (The CPS Specialist does not have the authority to sign any consents for a child in early intervention.)

11. The service coordinator maintains the signed consents in the child's file and ensures the other team members are aware of the information contained in the consents.
12. With appropriate consent, the service coordinator obtains pertinent medical, health, developmental, and other records that may support a decision of eligibility and/or IFSP planning. (See Chap. 4 Exhibits, Authorization to Disclose Information).
13. The service coordinator notifies one of the core team's multidisciplinary evaluation teams of the child's need for evaluation and shares information about the parent's interests and concerns, developmental screening and observation, available records, and parent's availability for evaluation.
14. The service coordinator considers the family's potential eligibility for an ongoing AzEIP service providing agency (DDD or ASDB). If the child is possibly eligible for another AzEIP service providing agency, the service coordinator will contact the local representative/service coordinator from that AzEIP service providing agency to involve him/her in evaluation planning.

Resources: AzEIP Policies & Procedures, Chapter 7, *Procedural Safeguards*
AzEIP Technical Assistance Bulletin #1: *Prior Written Notice*
AzEIP Technical Assistance Bulletin # 2: *Service Coordination*
AzEIP Technical Assistance Bulletin # 3: *Use of Private Insurance*



ARIZONA EARLY INTERVENTION PROGRAM

Department of Economic Security



PRIOR WRITTEN NOTICE/NOTICE OF ACTION

Parent's Name: _____ Child's Name: _____

Parent's Address (w/zip code): _____

As the parents of a child who is involved with the Arizona Early Intervention Program, you have protections under the Individual with Disabilities Education Act. These protections are found in the Procedural Safeguards booklet, which is provided to you with this notice. Prior written notice is one such protection. It means that we will let you know ahead of time about certain changes that the team wants to make and give you the chance to say "yes" or "no" to those changes. The following are the changes that the team is proposing/refusing and the reasons for the changes.

_____ **Propose** _____ **Refuse**

- () Initial identification/evaluation
- () Change identification/evaluation (no longer eligible for AzEIP)
- () Initiate placement/provision of early intervention services
- () Change in placement /provision of early intervention services
- () Other (specify): _____

Description of action(s):

Reasons for the action:

- ☐ The family has been informed of their procedural safeguards and received a copy of the Procedural Safeguards Booklet.
- ☐ The family has been informed of their procedural safeguards and have access to a copy of the Procedural Safeguards Booklet.

Please contact me as soon as possible if you have any questions about this action or your procedural safeguards. **Date this Notice was given/sent to parent/responsible party:** _____

Name Program/Agency* Phone #

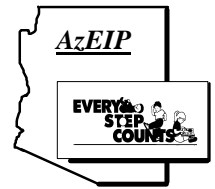
* If you are receiving services through DES/Division of Developmental Disabilities (DDD), you may also seek to resolve your concerns with the DDD supervisor/District Manager and/or file a request for an Administrative Review by contacting the Division of Developmental Disabilities, Compliance and Review Unit, P.O. Box 6123, Site Code 791A, 1789 W. Jefferson, Fourth Floor, Phoenix, AZ 85005 or Tel. (602) 542-0419; Fax (602) 364-2850 **within 35 calendar days of the date of this letter.**

Arizona Department of Economic Security/Arizona Early Intervention Program
3839 N. 3rd Street, Suite 304, Site Code 801A-6, Phoenix, AZ 85012
(602) 532-9960 • FAX (602) 200-9820



ARIZONA EARLY INTERVENTION PROGRAM

DEPARTMENT OF ECONOMIC SECURITY



Consent to Use Insurance

The Arizona Early Intervention Program (AzEIP) services are provided through a variety of public and private funding sources. By law, all possibilities for payment are explored prior to the use of early intervention funds. This includes private health insurance. Some of the services on your Individualized Family Service Plan (IFSP) may be covered by your health insurance for which you are paying a monthly premium.

You may choose to use your health insurance to help pay for covered services. You will not be denied services if you do not give permission for your insurance to be billed.

☐ I give permission for my health insurance to be used to help pay for AzEIP services that are covered under our family's health insurance plan. I understand that if I change my decision in the future, this decision will not affect my family's AzEIP services.

☐ I do not give permission for my health insurance to be used to help pay for AzEIP services. This decision will not affect my family's AzEIP services.

Child's Name: _____ Parent Name: _____

Parent Signature: _____ Date: _____

Name of Insurance Company: _____

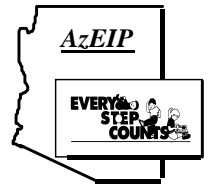
Policy Holder's Name(s): _____ Policy Number: _____

Insurance Company Address and Phone Number: _____



ARIZONA EARLY INTERVENTION PROGRAM

DEPARTMENT OF ECONOMIC SECURITY



CONSENT FOR EVALUATION AND PRIOR WRITTEN NOTICE

In order to determine if your child is eligible for the Arizona Early Intervention Program (AzEIP), an evaluation of your child's development in all areas, such as movement, talking, and understanding, must be completed. Two different team members (professionals) will meet with you and your child in your home or other location convenient to you, to do the evaluation. The evaluation will include:

- 1) a review of your child's current health status and medical history;
- 2) parent interview;
- 3) observation of your child; and
- 4) the determination of your child's status in the areas of:
 - a. communication;
 - b. cognitive;
 - c. physical;
 - d. adaptive (self-help); and
 - e. social or emotional development.

Your participation in the evaluation is strongly encouraged as you know your child best and can provide information about your child. The evaluation process will be based on the needs of your child and family and may include the use of informal and formal developmental evaluation tools.

Please check all that apply:

____ By signing below, I authorize AzEIP to conduct an evaluation for my child, _____
(name), _____ (date of birth) for the purpose of determining eligibility for the Arizona Early Intervention Program. If eligible, this information may be used to develop our Individualized Family Service Plan.

____ My service coordinator and I have reviewed the Arizona Early Intervention Program, Procedural Safeguards for Families Booklet, and I understand my family's rights and options.

____ I understand that my consent is voluntary and that I may withdraw the consent at any time. My consent expires after this evaluation process is completed.

Parent/Surrogate Signature

Date

Parent/Surrogate Signature

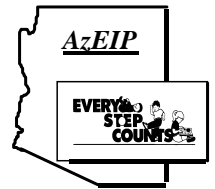
Date

Arizona Department of Economic Security/Arizona Early Intervention Program
3839 N. 3rd Street, Suite 304, Site Code 801A-6, Phoenix, AZ 85012
(602) 532-9960 • FAX (602) 200-9820

The Arizona Department of Economic Security is an Equal Opportunity Agency



ARIZONA EARLY INTERVENTION PROGRAM
Arizona Department of Economic Security



CONSENT TO RELEASE AND SHARE INFORMATION

I, _____ give my informed consent for the Arizona Early Intervention
Parent/Surrogate Parent
Program* to communicate and share information, in writing and conversation, **with:**

Individual and/or Organization Name:			
Street Address:	City/Town	State	Zip code

Regarding:

Child's Full Name:	Date of Birth:
Street Address:	City/Town State Zip code

For the purpose of: (check those that apply)

- | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Sharing copy of Individualized Family Service Plan | <input type="checkbox"/> Sharing information about status/progress |
| <input type="checkbox"/> Sharing copy of Evaluation Report(s) | <input type="checkbox"/> Participation in Transition Conference |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Collaboration with Child Protective Services |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Developmental Spec. Instruction | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Speech and Language Pathology | _____ |
| <input type="checkbox"/> Sharing a copy of progress reports | |
| <input type="checkbox"/> Eligibility determination by the local education agency | |

I have read and understand the conditions of this release. I understand that I have agreed to disclose the information only to the person/program listed above, and that that person/program may not disclose it to anyone else without my prior written consent. This consent is valid for one year (12 months) unless I revoke it before the end of the year.

Signature of Parent(s)/Surrogate Parent

Date

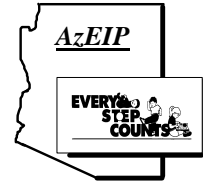
Print Full Name of Parent(s)/Surrogate Parent

* The Arizona Early Intervention Program includes the participation of and sharing of information between the following agencies that determine agency eligibility and provide early intervention services: Department of Economic Security (DES), Arizona Early Intervention Program, DES/Division of Developmental Disabilities (DDD), and the Arizona State Schools for the Deaf and the Blind (ASDB). This consent meets the applicable requirements of the Family Educational Rights and Privacy Act of 1974 and 34 C.F.R. §99.30.

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ARIZONA EARLY INTERVENTION PROGRAM
Arizona Department of Economic Security



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Child's Full Name:	AHCCCS ID Number or Other Record Number:
Child's Date of Birth:	Date of Request:

I give my permission for _____ to disclose my protected health information to: *(person or entity possessing health information)*

NAME and ADDRESS: _____

I specifically authorize the protected health information checked below to be disclosed to the above listed person(s):

___ Physicians' Record	___ Newborn Records	___ Labor, Birth & Delivery Records
___ Audiology Records/Reports	___ Psychological Reports	___ Occupational Therapy Reports
___ Speech and Language Reports	___ Physical Therapy Reports	___ Other _____

- ☐ This disclosure is being made at my request, and I choose not to state the reason for this disclosure.
☐ I specifically authorize the disclosure of protected health information for the following purpose(s):

By placing my initials in front of the following items, I specifically authorize the disclosure of information regarding the following: ___ Genetic testing; ___ Mental Health; ___ HIV/AIDS/other communicable diseases; ___ Drug and/or Alcohol Abuse.

By signing this Authorization, I understand that:

- I may refuse to sign this authorization, and my refusal will not affect my eligibility for benefits.
- I may inspect or copy any information to be disclosed under this authorization.
- I may have a copy of this document.
- I may revoke this authorization at any time, by sending written notification of the revocation to:

[insert name and address of Service Coordinator]

- A copy of this authorization shall be as valid as the original.

Signature of Responsible Party: _____

Date of Authorization: _____ Date Authorization will Expire: _____

For person or entity possessing health information: Received by: _____ Date of Receipt: _____

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Chapter 5

Evaluation and Determination of Eligibility

This chapter describes the evaluation process, the evaluation tools approved by AzEIP, Arizona's definition of eligible children, and explains the steps for eligibility determination.

This chapter includes:	Page:
Evaluation Requirements	27
Arizona's Definition of Eligible Children	28
Simultaneous Eligibility Determination (AzEIP, DDD, ASDB)	29

Guidelines

1. Evaluations are conducted by personnel who have been trained to use appropriate methods and procedures. Evaluations are based on informed clinical opinion, and will include the following:
 - a. a review of pertinent records related to the child's health status and medical history; and
 - b. an evaluation of child's level of functioning in each of the following developmental areas:
 - (1) cognitive development;
 - (2) physical development, including vision and hearing;
 - (3) communication development;
 - (4) social or emotional development; and
 - (5) adaptive development.
2. The multidisciplinary evaluation team conducts an evaluation which must:
 - a. be completed within 45-days of referral to AzEIP;
 - b. be comprehensive and multidisciplinary, (at least two or more disciplines);
 - c. use tests and other evaluation materials that are administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
 - d. use procedures and materials that are selected and administered so as not to discriminate on the basis of race or culture;
 - e. be conducted by qualified personnel who are trained to evaluate/assess children from birth through 36 months;
 - f. be based on more than a single procedure as the criterion for determining a child's eligibility; and
 - g. incorporate parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate.
3. A family may seek a second opinion on an evaluation outside of AzEIP, and AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings.
4. The core team will ensure that at least one broad spectrum tool (covering all areas of development: physical, cognitive, social-emotional, communication, and adaptive) approved by DES/AzEIP is used for gathering evaluation and assessment information and to complete the Child Indicator Summary form. The approved broad spectrum tools are:

- a. Battelle Developmental Inventory- Second Edition
 - b. Bayley Scales of Infant Development – Third Edition
 - c. Brigance Diagnostic Inventory of Early Development – Second Edition
 - d. Carolina Curriculum for Infants and Toddlers with Special Needs
 - e. Developmental Assessment of Young Children (DAYC)
 - f. Early Learning Accomplishment Profile (ELAP)
 - g. Hawaii Early Learning Profile (HELP)
 - h. Michigan Early Intervention Developmental Profile (The Michigan) (EIDP)
 - i. The Oregon Project for Visually Impaired and Blind Preschool Children Skills Inventory, Fifth Edition
 - j. The Ounce Scale
5. Evaluation instruments must be approved by DES/AzEIP. The following tools are approved to use for the multidisciplinary team's (a) initial determination of AzEIP eligibility; and (b) if needed, re-determination of AzEIP eligibility:
- a. Battelle Developmental Inventory – Second Edition
 - b. Bayley Scales of Infant Development – Third Edition
 - c. Brigance Diagnostic Inventory of Early Development – Second Edition
 - d. Carolina Curriculum for Infants and Toddlers with Special Needs
 - e. Developmental Assessment of Young Children (DAYC)
 - f. Early Learning Accomplishment Profile (ELAP)
 - g. Hawaii Early Learning Profile (HELP)
 - h. Infant Neurological International Battery (INFANIB)
 - i. Infant-Toddler Developmental Assessment (IDA) Record with Provence Birth-to-Three Developmental Profile
 - j. Michigan Early Intervention Developmental Profile (The Michigan) (EIDP)
 - k. The Oregon Project for Visually Impaired and Blind Preschool Children Skills Inventory, Fifth Edition
 - l. The Ounce Scale
 - m. Peabody Developmental Motor Scales
 - n. Preschool Language Scale – 4
 - o. Receptive – Expressive Emergent Language (REEL 2)
 - p. Rosetti Infant Toddler Language Scales
6. Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
- a. A child birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 - physical: fine and/or gross motor and sensory (includes vision and hearing);
 - cognitive;
 - language/communication;
 - social or emotional; or
 - adaptive (self help).
 - b. Established conditions that have a high probability of developmental delay include, but are not limited to:
 - chromosomal abnormalities
 - metabolic disorders

- hydrocephalus
 - neural tube defects (e.g., spinal bifida)
 - intraventricular hemorrhage, Grade III or IV
 - periventricular leukomalacia
 - cerebral palsy
 - significant auditory impairment
 - significant visual impairment
 - failure to thrive/pediatric undernutrition
 - severe attachment disorders
7. No single procedure or source of information can be used as the sole criterion for determining a child's eligibility for AzEIP. Children with an established condition that meet the eligibility criteria will have an evaluation to determine the child's developmental status in all areas of development, including vision and hearing.
 8. Informed clinical opinion is used in determining every referred child's eligibility for AzEIP and is particularly important if there are no standardized measures or if the standardized procedures used are not appropriate for a given age (such as an infant born prematurely) or developmental area.
 9. The multidisciplinary team's determination of eligibility for AzEIP and DDD's and/or ASDB's determination of its eligibility should, if at all possible, be made at or near the same time and as quickly as possible during the initial planning process. The service coordinator and multidisciplinary team must work with DDD and ASDB to determine eligibility for DDD and ASDB before the initial IFSP meeting.

Implementation Procedures

1. A multidisciplinary evaluation team representing two different disciplines from the core team conducts the evaluation.
2. For children who are suspected of having a developmental delay or disability, and with parental consent, the contractor assigns a multidisciplinary team to conduct an evaluation to determine AzEIP eligibility, and support the simultaneous determination of DDD and ASDB eligibility, as appropriate.
2. The evaluation must incorporate multiple information sources, such as parent input, records, evaluation tools, informed clinical opinion, and observation.
3. The team members use the Initial Evaluation Planning form from the IFSP to gather information about the child and the questions and concerns that the family would like answered during the evaluation process.
4. The multidisciplinary team must include a vision screening as part of the evaluation. If no vision records are available, one of the multidisciplinary team members completes the Vision Screening Checklist. (See Chap. 5 Exhibits, Vision Screening Checklist). If concerns are noted from the vision screening, the team member discusses with the family the concerns, provides a copy of the checklist, and encourages the family to discuss these concerns with their health care provider and/or a pediatric eye doctor.
5. The multidisciplinary team must include a hearing screening as part of the evaluation. If no hearing records are available, the contractor must ensure that a hearing screening is completed

using OAE equipment through the child's audiologist. The Hearing Screening Tracking form page of the IFSP is completed after the hearing screening documenting the results of the hearing screening. (See Chap. 5 Exhibits, Hearing Screening Tracking form).

6. The multidisciplinary evaluation team, the family, and if involved, the AzEIP service providing agency (DDD and ASDB) will review all available information and records, and determine what information is still needed to determine eligibility for AzEIP and, if appropriate, DDD and ASDB.
7. If exceptional circumstances make it impossible to complete the evaluation within 45 days from the initial referral date, the service coordinator documents the circumstances in contact notes and in the ACTS database (reason for delay), and the expected date of completion of the evaluation. Exceptional circumstances are events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness.
8. After the multidisciplinary team completes the evaluation, the team lead completes the AzEIP Eligibility Outcome page of the IFSP and the AzEIP Developmental Evaluation Report. The service coordinator sends the two completed forms along with other necessary documentation to the agencies for which the multidisciplinary team recommends eligibility. (See Chap. 5 Exhibits, Developmental Evaluation Report and Eligibility Outcome form).
9. If the child is determined not eligible for AzEIP or any AzEIP service providing agency, the service coordinator:
 - a. talks with the family and provides prior written notice using the AzEIP letter of ineligibility indicating that the team has determined that the child has not met the eligibility criteria and explaining the reasons for the determination (See Chap. 5 Exhibits, PWN/Letter of Ineligible);
 - b. explores with the family other community resources and activities to assist them in supporting their child; and
 - c. ensures the data is entered, including "close the file" in ACTS.
10. If the family disagrees with the multidisciplinary evaluation team's decision of AzEIP eligibility, the family may initiate the dispute resolution process (i.e. filing a complaint, mediation, or requests a due process hearing) as described in the Procedural Safeguards for Families Booklet.
11. If the child is determined eligible for AzEIP, the service coordinator provides the family with prior written notice using the AzEIP letter of eligibility. (See Chap. 5 Exhibits, PWN/Letter of Eligibility).
12. For a child who is eligible for DDD or ASDB, the service coordinator uses the IPP to Ongoing Checklist for transferring all documents from the child's file, not previously sent to DDD/ASDB for eligibility determination, to the ongoing agency as soon as possible before the initial IFSP, and at the latest, at the meeting. (See Chap. 5 Exhibits, IPP to Ongoing Checklist).
13. The service coordinator or designee enters evaluation and eligibility data into the ACTS database.

Arizona Early Intervention Program

HEARING SCREENING TRACKING FORM

Child's Name: _____

DOB: _____

Mother's Maiden Name: _____

Birth Order (multiples): ☐ A ☐ B ☐ C ☐ D

Date: _____

Birth Hospital: _____

1. Review of Medical History/Records Previously Diagnosed Hearing Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No Newborn Hearing Screening <table style="width:100%;"> <tr> <td style="width:15%;">In-Patient Results</td> <td style="width:15%;">OAE</td> <td style="width:10%;">Right</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td style="width:10%;">Left</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> <tr> <td></td> <td>ABR</td> <td>Right</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td>Left</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> </table> Outpatient Screen (follow-up from Newborn Screen) <table style="width:100%;"> <tr> <td style="width:15%;">Out-Patient Results</td> <td style="width:15%;">Date: _____</td> <td style="width:10%;">OAE</td> <td style="width:10%;">Right <input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td style="width:10%;">Left <input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> <tr> <td></td> <td></td> <td>ABR</td> <td>Right <input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td>Left <input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> </table> Where was screening completed: _____ Hearing Evaluation ABR Where was test completed: _____ Date: _____ Results: _____ Recommendations: _____ Hearing Evaluation Behavior Testing (audiogram) Where was test completed: _____ Date: _____ Results: _____ Recommendations: _____				In-Patient Results	OAE	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer		ABR	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Out-Patient Results	Date: _____	OAE	Right <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left <input type="checkbox"/> Pass <input type="checkbox"/> Refer			ABR	Right <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left <input type="checkbox"/> Pass <input type="checkbox"/> Refer	2. Indicators for Children Who are at Risk for Late Onset or Progressive Hearing Losses Check risk factors that are present: <table style="width:100%;"> <tr><td>Parental/ caregiver concern regarding hearing, speech, language, and or developmental delay</td></tr> <tr><td>Family history of permanent childhood hearing loss.</td></tr> <tr><td>Postnatal infections associated with sensorineural hearing loss including bacterial meningitis</td></tr> <tr><td>Head trauma</td></tr> <tr><td>Recurrent/ persistent otitis media with effusion for at least 3 months</td></tr> <tr><td>Stigmata/ other findings associated with a syndrome known to include sensorineural/ conductive hearing loss/ Eustachian tube dysfunction.</td></tr> <tr><td>Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis and Usher's syndrome.</td></tr> <tr><td>Neonatal indicators-specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECHMO.)</td></tr> <tr><td>Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.</td></tr> <tr><td>Chemo-therapy</td></tr> </table>				Parental/ caregiver concern regarding hearing, speech, language, and or developmental delay	Family history of permanent childhood hearing loss.	Postnatal infections associated with sensorineural hearing loss including bacterial meningitis	Head trauma	Recurrent/ persistent otitis media with effusion for at least 3 months	Stigmata/ other findings associated with a syndrome known to include sensorineural/ conductive hearing loss/ Eustachian tube dysfunction.	Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis and Usher's syndrome.	Neonatal indicators-specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECHMO.)	Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.	Chemo-therapy
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Chemo-therapy																																							
Guideline For Follow-up Hearing Screening: <ul style="list-style-type: none"> If a child passed a newborn hearing screening within the last 6 months and presents with no risk factors for late-onset or progressive hearing loss, then the child does not need further objective screening for one year. If a child does not pass the screening the child should get a follow-up hearing screening within 2-4 weeks. If the child does not pass the follow-up screening, they should receive a medical evaluation of the middle ear and evaluation by a pediatric audiologist to rule out hearing loss. 																																							
Results of Hearing Screening Date: _____ Screener: _____ <table style="width:100%;"> <tr> <td style="width:15%;">Visual Inspection</td> <td style="width:15%;">Right</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td style="width:10%;">Left</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> <tr> <td><input type="checkbox"/> OAE <input type="checkbox"/> Pure Tone</td> <td>Right</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> <td>Left</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> </tr> <tr> <td><input type="checkbox"/> Tympanometry</td> <td>Right</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> <td>Left</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> </tr> </table> Recommendations: _____ Rescreen Date: _____ Screener: _____ <table style="width:100%;"> <tr> <td style="width:15%;">Visual Inspection</td> <td style="width:15%;">Right</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> <td style="width:10%;">Left</td> <td style="width:10%;"><input type="checkbox"/> Pass <input type="checkbox"/> Refer</td> </tr> <tr> <td><input type="checkbox"/> OAE <input type="checkbox"/> Pure Tone</td> <td>Right</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> <td>Left</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> </tr> <tr> <td><input type="checkbox"/> Tympanometry</td> <td>Right</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> <td>Left</td> <td><input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test</td> </tr> </table> Recommendations: _____ Referred to: _____ Date: _____						Visual Inspection	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	<input type="checkbox"/> OAE <input type="checkbox"/> Pure Tone	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	<input type="checkbox"/> Tympanometry	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	Visual Inspection	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer	<input type="checkbox"/> OAE <input type="checkbox"/> Pure Tone	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	<input type="checkbox"/> Tympanometry	Right	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test	Left	<input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Could not test				
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VISION SCREENING CHECKLIST



NOTE TO SCREENERS AND PARENTS:

This screening was developed to use with infants, toddlers and young children who cannot participate in an acuity screening.

When a child can match, select, identify or name a picture or symbol that is the same as the one the screener is showing to the child, one of the formal acuity screenings designed for early learners should be given as a supplement to this checklist screening.

CHILD'S NAME: _____	Screener Agency: _____
Child's Date of Birth: _____	Chronological age (age at the time of the screening): _____
Adjusted age (for prematurely born children now under two years, subtract # of weeks prematurely from the chronological age): _____	
Person(s) completing the checklist : 1. (parent/caregiver) _____	
2. _____	3. _____
(Please write your role on the child's team or your agency after your name) _____	
CHECKLIST COMPLETION DATE: _____	
SCREENER NOTE : Completed screenings with indicators checked require a <u>family copy</u> to share with health care provider.	

If your child has not seen an eye doctor yet, completing this screening will give you an indication of possible concerns or signs to watch for.

If your child has already seen an eye doctor, completing this screening will tell more about how your child uses vision.

THERE IS NO SCREENING THAT WILL SUBSTITUTE FOR AN EYE EXAM BY A PEDIATRIC EYE DOCTOR.

Has the child seen an eye doctor (an ophthalmologist, M.D. or an optometrist, O.D.) ? YES ☐ NO ☐

If yes, **DOCTOR'S NAME :** _____

DOCTOR'S ADDRESS or PHONE : _____

ADDITIONAL VISION INFORMATION (diagnosis, glasses or other treatment, follow up scheduled or anticipated) : _____

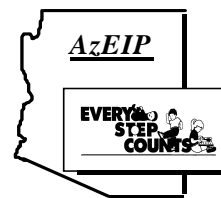
RISK FACTORS FOR VISION LOSS	BEHAVIORAL SIGNS THAT MIGHT INDICATE VISION LOSS
<p>These are family and medical history details that have a high incidence of vision loss in infants and toddlers</p> <p><input type="checkbox"/> Family history of eye conditions <u>other than glasses wear or age related cataracts?</u> LIST Family eye condition: _____</p> <p><input type="checkbox"/> • Meningitis or encephalitis</p> <p><input type="checkbox"/> Maternal history of infection during pregnancy (CMV, toxoplasmosis, rubella, STD)</p> <p><input type="checkbox"/> Premature birth of 36 weeks or less NUMBER OF WEEKS: _____</p> <p><input type="checkbox"/> Exposure to oxygen more than 24 hours</p> <p><input type="checkbox"/> Head trauma episode</p> <p><input type="checkbox"/> Seizure Disorder</p> <p><input type="checkbox"/> Birth Weight of less than 3 lbs. (or 1300 grams) BIRTH WEIGHT: _____</p> <p><input type="checkbox"/> Neurological Issues</p> <p><input type="checkbox"/> Significant prenatal exposure to alcohol or drugs including prescription drugs</p> <p><input type="checkbox"/> A parent/caregiver concern about the way the child uses vision.</p> <p>LIST CONCERNS: _____</p> <p>*Note: If your child has identified RISK FACTORS, ask your health care provider how the risk factors might affect your child's vision.</p>	<p>These are known ways that young children behave when they are experiencing some difficulty using their vision</p> <p><input type="checkbox"/> Tilts or turns head to one side while looking (if child is older than 6 months)</p> <p><input type="checkbox"/> Does not notice people or objects when placed in certain areas</p> <p><input type="checkbox"/> Responds to toys only when there is an accompanying sound (if child is older than 6 months)</p> <p><input type="checkbox"/> Moves hand or object back and forth in front of eyes (if child is older than 12 months)</p> <p><input type="checkbox"/> Eyes make constant, quick movements or appear to have a shaking movement (this is called <i>nystagmus</i>)</p> <p><input type="checkbox"/> Squints, frowns or scowls when looking at objects</p> <p><input type="checkbox"/> Consistently over or under reaches (if child is older than 6 months)</p> <p><input type="checkbox"/> Cannot see a dropped toy (if child is older than 6 months)</p> <p><input type="checkbox"/> Brings objects to one eye rather than using both eyes to view</p> <p><input type="checkbox"/> Covers or closes one eye frequently</p> <p><input type="checkbox"/> Eyes appear to turn inward, outward, upward, or downward (if child is older than 6 months)</p> <p><input type="checkbox"/> Places an object within a few inches of eyes to look (if child is older than 12 months)</p> <p><input type="checkbox"/> Trips on curbs or steps (if child is older than 18 months)</p> <p><input type="checkbox"/> Thrusts head forward or backward when looking at objects</p> <p><input type="checkbox"/> Eyepoking, rocking, staring at bright lights frequently</p> <p>*Note: If your child has identified BEHAVIORAL SIGNS, send a copy of the completed checklist to your child's health care provider and ask to discuss referring your child to a pediatric eye doctor.</p>

- ☐ **No indicators** are checked. Further attention to vision is not indicated at this time.
- ☐ **One or more risk factors** have been identified. Copy to family for risk factor discussion with family health care provider.
- ☐ **One or more behavioral signs** have been identified. Copy to family for their health care provider to review for health care system referral to a **pediatric eye doctor** for a complete eye exam.

A checklist screening is a general indicator. Not every child with a screening checkmark will have a vision problem.

Some children without a checkmark will still have a vision problem that was not consistent enough to show up when the checklist was completed. If your child begins to show signs of poor vision use or if there is a significant change in vision, contact your child's health care provider.

REQUIRED Signature (person completing this form with parent/caregiver): _____



ARIZONA EARLY INTERVENTION PROGRAM
FOR INFANTS AND TODDLERS

TYPE YOUR PROGRAM NAME HERE

DEVELOPMENTAL EVALUATION REPORT

Child's Name: _____ Date of Birth: _____

Date(s) of Evaluation: _____ Date(s) of Report: _____

Age at Evaluation: _____ Corrected Age: _____

Date of referral: _____ 45-day ends: _____

EVALUATION TEAM:

Name

Position

Parent / Guardian

Translator (if needed)

EVALUATION PROCEDURES USED: (check those appropriate)

___ Parent Report by: _____

___ Clinical Observation by: _____

___ Standardized Test(s): _____

___ Developmental Checklist(s): _____

___ Other Procedures Used: _____

BACKGROUND INFORMATION:

Reason for Referral: _____

Vision Screening completed on _____ by _____

Vision results: _____

Hearing Screening completed on _____ by _____

Hearing results: _____

CHILD'S NAME: _____ **DOB:** _____

TEST SCORES

Broad Spectrum Tool: _____

Please list tool used. Add sub-test areas as indicated by the test instrument. Report scores obtained based on the test instrument used and attach score sheet as appropriate. *Under description, use terms such as age-appropriate, mild delay, significant delay.*

Developmental Area	Scores	Description
Cognitive (learning, play skills, problem-solving)		
Gross Motor (crawling, walking, moving)		
Fine Motor (eye/hand coordination)		
Social / Emotional (interactions with others and toys)		
Adaptive / Self-help (feeding, dressing, toileting)		
Communication		
a. Expressive (conveying wants/needs, talking)		
b. Receptive (understanding language)		

Other Tool Used: _____

Please list tool used. Add sub-test areas as indicated by the test instrument. Report scores obtained based on the test instrument used. Under description, use terms such as age-appropriate, mild delay, significant delay

<u>Developmental Area</u>	<u>Scores</u>	<u>Description</u>
---------------------------	---------------	--------------------

CHILD'S NAME:_____ **DOB:**_____

BIRTH / MEDICAL / DEVELOPMENTAL HISTORY:

SUMMARY OF OBSERVATIONS AND EVALUATION SESSION:

Include all necessary information that may impact agency eligibility decision including relevant medical records, reports and evaluation score sheets. Address all areas of development (cognitive, gross motor, fine motor, communication, social/emotional, and adaptive/self-help) as well as including the child's strengths and developmental challenges.

TEAM SIGNATURES:

Name

Discipline

Date

Name

Discipline

Date

Eligibility Outcome

Initial IFSP Only

Date of Referral _____ Referral Source type _____

Parental Concern/ Reason for Referral _____

AzEIP Eligibility Decision Date and Outcome _____

Eligible ☐

Not Eligible ☐

If Eligible:

Check the Established Condition

_____ Chromosomal abnormality _____
 _____ Metabolic disorder _____
 _____ Hydrocephalus _____
 _____ Neural tube defect _____

_____ Intraventricular hemorrhage
 (Grade III or IV) _____
 _____ Periventricular leukomalacia _____
 _____ Cerebral palsy _____
 _____ Auditory impairment _____

_____ Visual impairment _____
 _____ Failure to Thrive/Pediatric Undernutrition _____
 _____ Severe Attachment Disorder _____
 _____ Other (name) _____

OR Check the area(s) with 50% or more delay

_____ Physical _____ Social/Emotional _____ Communication _____
 _____ Cognitive _____ Adaptive _____

OR Informed Clinical Opinion (when delay is less than 50% and the child does not have an established condition the team must include justification for eligibility):

Names of Multidisciplinary Evaluation Team Members

Discipline

_____	_____
_____	_____

Names of Others Who Provided Information About the Child's Development

Discipline or Role

_____	_____
_____	_____

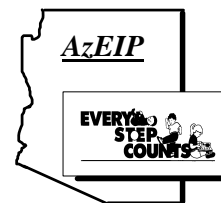
The eligibility decision was based upon: (check all that apply)

_____ Review of medical records
 _____ Developmental history
 _____ Family report
 _____ Observation of child

_____ Criterion-referenced instrument (specify) _____
 _____ Norm-referenced instrument (Specify) _____
 _____ Other _____
 (specify) _____

Service Coordination Agency (Primary)	Agency Eligibility Date	Phone Number
AzEIP agencies for which child is eligible (date all that apply)		
_____ DES Division of Developmental Disabilities	IF NOT ELIGIBLE, list referrals to community resources:	
_____ Arizona State Schools for The Deaf and The Blind		

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS



Type in Program Name

[Date]

[Parent's Name]

[Mailing Address]

Dear [Parent's Name]:

Thank you for your interest in pursuing eligibility through the Arizona Early Intervention Program. This letter is to let you know that based upon the discussions with your family, the review of information, the assessment and the evaluation conducted, it has been determined that your child, [child's name], is not eligible for early intervention services through the Arizona Early Intervention Program.

If you disagree with this finding and believe that your child is eligible for early intervention services, you may use any of the ways described in the Procedural Safeguards for Families Booklet for resolving disagreements. You should have received a copy of this Booklet. Please let me know if you would like another copy of the Booklet. You may also find this information on the DES/AzEIP website at <http://www.azdes.gov/azeip/>.

If you need help with this or if you have any questions, please call me at [telephone number].

Sincerely,

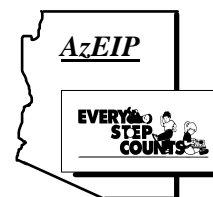
[Name]

[Program Name]

[Program Address]

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

Type in Program Name



[Date]

[Parent's Name]

[Mailing address]

Dear [Parent's Name]:

This letter is to let you know that [child's name] is eligible for the Arizona Early Intervention Program (AzEIP) based upon the discussions with your family, a review of information, the team's assessment, informed clinical opinion, and *[your child's diagnosis of _____ OR the developmental evaluation which found a 50% or more delay in the area(s) of physical/communication/social emotional/adaptive/cognitive development.]*.

What happens next?

- You will be contacted to schedule a time to plan for and/or to develop your family's Individualized Family Service Plan (IFSP).
- Your resources, priorities, concerns, and interests as they relate to your child's development will guide your IFSP.
- The IFSP process identifies the outcomes that you feel are important to your child and family.
- You and your team will then identify strategies/ideas, people and settings or places within your daily routines and activities to promote your child's development.
- Your team will then help identify supports and services to assist your child and family to meet the outcomes.

The IFSP is developed with you and your family, professionals involved in the evaluation and assessment of your child, your on-going service coordinator from [program], and anyone else you wish to invite. All early intervention supports and services are provided on a voluntary basis. You will be asked to give your written consent after discussing all of the available and relevant information. You may decline any of the supports and services and receive only those to which you provide consent.

You should have received a copy of the Procedural Safeguards for Families Booklet. If you disagree with this finding of eligibility, you may use any of the ways described in the booklet for resolving disagreements. Please let me know if you would like another copy of the Booklet. You may also find this information on the DES/AzEIP website at <http://www.azdes.gov/azeip/>.

If you need help with this or if you have any questions, please call me.

Sincerely,

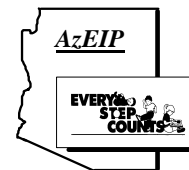
[Name]

[Program Name]

[Program Address]

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS

Arizona Department of Economic Security



Arizona Early Intervention Program Service Coordination Checklist

Child's Name: _____ DOB: _____ Record # _____

DATE SENT BY IPP	<u>FAX/SEND TO DDD, ASDB or AzEIP-ONLY</u> <u>CONTRACTORS FOR ELIGIBILITY DETERMINATION</u> Initial Planning Process pages Completed Vision Screening and Hearing Tracking Forms Developmental Evaluation Information and Reports Pertinent Medical Records Other information important for determining eligibility	<u>DATE RECEIVED</u>
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

DATE SENT BY IPP	<u>FAX OR SEND TO ONGOING SERVICE COORDINATOR</u> <u>MUST BE MAINTAINED IN CHILD'S FILE</u> Record Release and Access Log Contact Notes Pertinent correspondence, such as cover letters, faxes Procedural Safeguards for Families signed Consent to Evaluate/PWN completed and signed Authorization to Obtain Information signed Consent to Release and Share Information Vision Screening Checklist completed Hearing Screening Tracking Form completed Pertinent Medical records Developmental Evaluation Information and Reports Eligibility Outcome Summary form completed PWN/Eligibility letter AzEIP Contractor Referral form, if applicable DDD application and Pre Pas completed, if applicable IFSP Meeting Notification letter IFSP completed and signed by parent Child Find Tracking form, if applicable Child Indicators Summary Form Service Coordination log	<u>DATE RECEIVED</u>
_____		_____
_____		_____
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-
- Attach checklist to packet prior to sending to the agency for eligibility and/or to the ongoing SC
 - Keep a copy of checklist in the child's file

Chapter 6

Assessment

This chapter outlines the assessment process.

This chapter includes:	Page:
Assessment Requirements	40
Assessments Process	40-41

Guidelines

1. Assessment is an ongoing process throughout a child's and family's time in early intervention that identifies (i) the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child, and (ii) the child's unique strengths and needs and the services appropriate to meet those needs.
2. Assessment procedures will reflect development as an integrated process that is shaped by the dynamic and continuous interaction between biology and experience and consider how the child's developmental capabilities across domains impact the child's ability to:
 - a. engage or participate,
 - b. develop social relationships, and
 - c. be independent within the context of their daily routines, activities and interactions.
3. An assessment may be conducted if it is:
 - a. family-directed;
 - b. designed to determine the resources, priorities and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child;
 - c. assists to identify the needs of each child's family to appropriately assist in the development of the child;
 - d. conducted by personnel trained to utilize appropriate methods and procedures; and
 - e. based on information provided by the family through a personal interview, and incorporate the family's description of their resources, priorities and concerns related to enhancing the child's development.
4. While assessment occurs throughout early intervention, a formal developmental assessment must be conducted at least annually or more frequently, if needed, to support IFSP planning, gather information related to IFSP outcomes and, as needed, for transition. The developmental assessment looks at all sources of information, such as parent input, observation, informed clinical opinion, review of records, and covers all areas of development, including vision and hearing. An assessment tool is used from the following approved list:
 - o Battelle Developmental Inventory-Second Edition
 - o Bayley Scales of Infant Development- Third Edition

- Brigance Diagnostic Inventory of Early Development-Second Edition
 - Carolina Curriculum for Infants and Toddlers with Special Needs
 - Developmental Assessment of Young Children (DAYC)
 - Early Learning Accomplishment Profile (ELAP)
 - Hawaii Early Learning Profile (HELP)
 - Michigan Early Intervention Developmental Profile (The Michigan) (EIDP)
 - The Oregon Project for Visually Impaired and Blind Preschool Children Skills Inventory, Fifth Edition
 - The Ounce Scale
5. Clear documentation of the family's resources, priorities, concerns and interests will result in an IFSP that is more meaningful and useful to the family and other team members. Research has shown that when the family does not implement planned activities, it is often because the activities do not fit with the routines or are not important to them. (Bernheimer & Keogh 1995, Bruder & Dunst 1999).

Implementation Procedures

1. During the initial planning process, the multidisciplinary team, parents, and if eligible, the service coordinators from DDD and/or ASDB review all available information and records and determine what information is still needed to develop the IFSP. The team identifies the best people to gather the information and how it will be gathered.
2. One individual from the multidisciplinary team, working closely with the service coordinator (if separate individuals), facilitates the assessment process, which includes:
 - a. facilitating and documenting on-going discussions with the family throughout enrollment about their priorities, resources, and concerns relevant to their child's development. Discussion of family priorities, resources and concerns is voluntary and family-directed;
 - b. gathering information from multiple sources in order to support IFSP development, and once developed, assessing and document progress toward IFSP outcomes. Those sources may include:
 - (1) observation of children engaged in spontaneous, child-directed play with caregivers, siblings, and other children;
 - (2) structured, adult-directed play;
 - (3) play with other team members;
 - (4) formal assessment procedures;
 - (5) review of developmental and medical records; and
 - (6) family report;
 - c. coordinating with another core team member whose expertise had been identified as a potential need to provide input into assessment; and
 - d. working with the other multidisciplinary evaluation team member to develop a comprehensive, integrated summary of the child's development and will include:
 - (1) a review of pertinent records related to the child's current health status and medical history,
 - (2) evaluation data, and
 - (3) assessment of the unique strengths and needs of the child in each of the following developmental areas:
 - i. cognitive development;

- ii. physical development, including vision and hearing;
 - iii. communication development;
 - iv. social-emotional development; and
 - v. adaptive development.
 - 3. Through conversation with the family, the team members gather and document discussions regarding the concerns the family has related to their child's development and participation in everyday life; what they would like most for their child and family; what their priorities are related to their child and family; and the family's informal and formal support systems.
 - 4. In addition, the team completes the following IFSP pages during the assessment phase the initial planning process:
 - a. Family Resources, Priorities, Concerns and Interests Related to Our Child's Development;
 - b. Natural Learning Opportunities – Everyday Family Activities, Settings, and Interactions;
 - c. Health and Medical Status; and
 - d. Summary of Child's Present Levels of Development.
- The information for these pages will be completed through conversations and meetings with the family throughout the initial planning process.
5. Throughout the child's enrollment in early intervention, the team continues to document assessment information, including documentation on the IFSP, in coaching logs, progress notes, and team conference minutes.

Chapter 7

Initial Individualized Family Service Plan

This chapter describes the development of the first IFSP, natural learning opportunities, and designation of the team lead,.

This chapter includes:	Page:
Development of Initial IFSP	43
Natural Environments and Natural Learning Opportunities	44-45
Designation of the Team Lead	46

Guidelines

1. AzEIP partners with families to understand their unique resources, priorities, concerns, and interests related to their child's development and the activities and settings in which the child and family spend time. The IFSP guides and documents this discovery process and ensures that the role of early intervention in the life of each family is specifically tailored to meet the priorities of each family.
2. The IFSP process focuses on expanding the child's engagement, independence and success in typical daily activities and routines by building on family and child resources and identifying the necessary services and supports to attain identified outcomes.
3. Family identified outcomes guide the team in designing strategies to support the child's ability to function where the family learns, lives, and plays. The team's knowledge and understanding of the family's outcomes, existing resources, and the child's strengths and interests form the basis for the discussion and determination of supports and services that will support the achievement of the identified outcomes. Therefore, the supports and services are based upon the family's outcomes, not a single team member's opinion/report or a non-IFSP team member.
4. Within 45 days of the referral to AzEIP, the IFSP team completes the initial IFSP. The IFSP team includes the family, at least one member of the multidisciplinary evaluation team involved in the evaluation, and, if eligible for DDD and/or ASDB, the service coordinator from each of those agencies, and advocates and other caregivers as determined by the family.
5. The IFSP process and the services and supports needed and received by a child who is AzEIP eligible and the child's family will reflect cooperation, coordination, and collaboration among all agencies providing early intervention services.
6. The following are the federal components required in an IFSP:
 - a. Information about the child's present levels of development;
 - b. A statement of the family's resources, priorities and concerns;
 - c. The outcomes expected to be achieved for the child and family, including timelines;

- d. The services and resources necessary to meet the needs of the child to achieve those outcomes, including related or other services;
 - e. The projected dates for initiation of services, anticipated duration of those services, the frequency, intensity, method, and location of those services, and sources of payment for those services;
 - f. Identification of the natural environment in which services will be provided and justification if services are not to be provided in the natural environment;
 - g. The name of the Service Coordinator;
 - h. The steps taken to support the transition of the child from early intervention services by age 3; and
 - i. Signature of the parents.
7. Early intervention services must, to the maximum extent, be provided in the natural environment and contexts. Natural environments are those settings that are natural or normal for the child's peers who have no disabilities. Examples of activities in natural environments include going to the park, visiting relatives, going shopping, playing at home, participating in children's events at libraries and attending child care.
 8. In the rare instance when the outcomes cannot be met in a natural environment, clinic or center-based intervention may be provided on a time limited basis and only after establishing a plan for transitioning intervention into natural settings.
 9. The IFSP team completes the Child Indicators Summary Form entry rating along with the family during the initial IFSP meeting. The Child Indicator process, while a federal mandate, recognizes the philosophy that although a child may be eligible for AzEIP based upon a specific delay or disability, it is the core team's responsibility to support the child as a whole. (See Chap. 7 Exhibits, Child Indicators Summary form)

The Child Indicator form, completed at entrance to and exit from early intervention is designed to ensure the holistic support to a family and child resulting in the child's improved:

- a. positive social-emotional skills;
- b. acquisition and use of knowledge and skills; and
- c. use of appropriate behaviors to meet his/her needs.

Implementation Procedures

1. Within 45 days of the referral to AzEIP, the IFSP team **completes** the IFSP.
2. When a child is eligible for DDD or ASDB, the Contractor sends a copy of the entire child file (i.e., all documents that were not previously sent to DDD/ASDB for eligibility determination) to the ongoing agency service coordinator as soon as possible, but no later than the initial IFSP meeting.
3. The Contractor service coordinator schedules the IFSP meeting with the family and the ongoing agency service coordinator and sends the family a written meeting notice with the agreed-upon date, time, and location of the meeting. (See Chap. 7 Exhibits, IFSP Meeting Notification).
4. At the initial IFSP meeting of a child eligible for DDD or ASDB, the service coordinator from DDD or ASDB facilitates this initial IFSP meeting. One of the multidisciplinary evaluation team members attends the meeting and provide information gathered during the initial planning process.

5. If eligible for AzEIP-only, the service coordinator schedules a meeting to develop the IFSP and sends the family a written meeting notice with the agreed-upon date, time, and location of the meeting. (See Chap. 7 Exhibits, IFSP Meeting Notification).
6. When the child is eligible for AzEIP only, the Contractor service coordinator facilitates the IFSP discussion in partnership with the family, at least one member of the multidisciplinary evaluation team, and other members of the IFSP team. Facilitation includes ensuring that everyone on the team has a voice in the discussion. The service coordinator documents the planning discussion on the IFSP form.
7. The service coordinator reviews with the family and the other IFSP team members, the family's identified priorities, resources, concerns, and interests related to the child's development, and the team assists the family in identifying additions or changes.
8. The IFSP team also reviews the integrated summary of the child's present levels of development, and together, support the family in identifying meaningful, functional outcomes for their family and child.
9. In supporting the family to identify functional outcomes for their child and family, the service coordinator discusses the family's priorities and concerns to help the family determine their outcomes. The outcomes should be meaningful to the family, written in terms understandable to the family, and should support the child's activities and participation in the family's routines and activities.
10. The team also asks the family about what is currently happening related to this outcome and what has worked and not worked for them in the past. Using this information, the entire team, together, develops strategies, including activities, settings and the people who will help the family accomplish the outcomes.
11. The IFSP team then identifies the natural support systems and existing natural learning opportunities, strategies, and resources related to accomplishing the outcome based on the family's routines and priorities.
12. In discussing the Natural Learning Opportunities page, the service coordinator asks the family about what happens throughout the day and how their child interacts with the family and others during these everyday activities.

Ex. Activities that the family might share are: outings to the park, grocery store or for ice cream; routines in their daily schedule (such as bath and mealtimes); activities and toys that their child really enjoys (e.g., music or blowing bubbles with pipe cleaners); and interactions with people throughout the day (loves to play with big brother, has a favorite teacher at child care, spends weekends with grandpa).

It is important to get a sense of what routines, activities, and environments are enjoyable and/or challenging for the child and family to assist the IFSP team in identifying current and potential options to provide support within the context of the child's natural environment.

Playgroups that consist mainly of children with disabilities are not a natural environment. However, playgroups organized in the community for all children, such as library groups, tumble

tots, may be natural settings depending upon the purpose and proportion of children with disabilities.

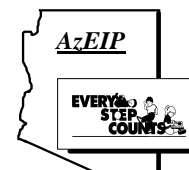
13. Based on the entire review of information, the team designates the core team member who will be the team lead for each family of an eligible child. The determination of team lead may not be based solely on an area of developmental delay or disability, but should include other variables, such as the family's interests, priorities and routines.

Ex. If after the evaluation and assessment, the family expresses concerns about their child's participation in the neighborhood childcare setting, the team may designate the developmental special instructionist as the team lead who has a particular expertise in working with childcare centers and/or a relationship with that center.

14. The team lead is the primary contact with the service coordinator to ensure information sharing and synthesis among all team members.
15. The team lead may change with the family's priorities, but change of the team lead should be infrequent, such as when a family member requests a change due to a personality conflict or when the parent and/or team lead believes that even with assistance from other team members, he or she is ineffective in supporting the family.
16. The IFSP team identifies the type and frequency of support needed for the core team members to support the family's attainment of the outcomes, and the other early intervention services needed to support the attainment of outcomes. Other early intervention services, as set out in IDEA, 2004 are:
 - a. Assistive technology;
 - b. Audiology
 - c. Family training, counseling, and home visits
 - d. Health services
 - e. Medical services only for diagnostic or other evaluation purposes
 - f. Nursing services
 - g. Nutrition services
 - h. Psychological services
 - i. Social work services
 - j. Transportation and related costs
 - k. Vision services
17. When identifying appropriate early intervention services, the IFSP team considers multiple factors, including: outcomes identified by the family, interests of the child; the need for technical assistance; and support expressed by the family.
18. The IFSP team also determines what the Planned Start Date of each service will be and documents the date on the IFSP Supports and Services page.
19. The community resources identified and/or existing for the family are noted in the "Other Needed Services" section of the IFSP.
20. The service coordinator, in coordination with other team members, discusses all possible funding sources for the services, recognizing AzEIP as the payor of last resort. The Contractor ensures as appropriate, that all resources available to the family for services are utilized prior to the use of resources available under this contract. Resources and procedures include:

- a. private insurance: the service coordinator explains to the family about its use for services, including the ability of AzEIP to pay co-pays and deductibles, and accesses it with the family's signed, written consent;
 - b. AHCCCS: the service coordinator follows AzEIP's procedures for using AHCCCS as a funding source for services when the family has AHCCCS insurance;
 - c. Comprehensive Medical and Dental Program (CMDP): the service coordinator accesses CMDP to pay for services when the child is in foster care; and/or
 - d. other resources as identified by the team. If community resources or private/public insurance are not available for the services needed to meet the family's outcomes, then AzEIP may be the funding source.
21. The service coordinator facilitates the conversation with the family about transition in order to outline steps during the child's time in early intervention to support the family and ensure that they have sufficient information to make an informed decision about what they would like for their child when s/he turns three years of age.
22. The service coordinator explains the family's procedural safeguards and provides a written description (the Family's Handbook of Procedural Safeguards). For example, the service coordinator explains that signature of the IFSP is the family's consent to initiate services and explains what the family's rights are if they disagree with team decisions and what their options are for accepting/declining services.
23. The service coordinator ensures that a written copy of the IFSP is disseminated to the family, the team lead, and other IFSP team members within **two** days of development and distribution is documented in the Record Access and Release log of the child's file. (See Chap. 7 Exhibits, Record Access and Release log). With specific parental consent, the service coordinator sends copies of the IFSP to other involved individuals, such as the primary care physician, Healthy Families, or Early Head Start.
24. The service coordinator facilitates discussion and completion of the entry rating for the Child Indicator Summary form along with IFSP team, which includes the family, for all eligible children. The service coordinator then submits copies of the Child Indicator Summary forms to DES/AzEIP on at least a monthly basis.
25. The service coordinator, or other individual designated to enter data, enters all IFSP data as directed by DES/AzEIP into the ACTS database.
26. The service coordinator maintains the IFSP and all other early intervention records in the child's file in accordance with the Family Education Rights and Privacy Act (FERPA).

Resources: IFSP Guidance Document: www.azdes.gov/azeip
 Instructions for Child Indicator Summary form and Decision Tree
 AzEIP and AHCCCS Procedures



ARIZONA EARLY INTERVENTION PROGRAM CHILD INDICATORS SUMMARY FORM

Child's Name: _____ Date of birth: ____/____/____
Month Day Year

Gender: ____ Male ____ Female Premature: ____ Yes ____ No

Date of entry rating : ____/____/____ Child's county of residence: _____

Entry Data System _____ Entry Data ID: _____

IPP Program/Contractor: Check One

<input type="checkbox"/>	Arise, Maricopa	<input type="checkbox"/>	REM, Mohave/La Paz
<input type="checkbox"/>	Southwest Human Development (SWHD), Maricopa	<input type="checkbox"/>	Child and Family Resources, Yuma
<input type="checkbox"/>	Blake, Pima 2a	<input type="checkbox"/>	Blake, Gila
<input type="checkbox"/>	Blake, Pima 2b	<input type="checkbox"/>	Blake, Pinal
<input type="checkbox"/>	NAU AzEIP FIRST, Yavapai	<input type="checkbox"/>	Blake, Cochise Graham Greenlee
<input type="checkbox"/>	NAU AzEIP FIRST, Coconino	<input type="checkbox"/>	ASDB Statewide
<input type="checkbox"/>	Northland, Southern Navajo	<input type="checkbox"/>	Foundation for Blind Children
<input type="checkbox"/>	Growing in Beauty, Navajo Nation	<input type="checkbox"/>	DDD District 1 Intake
<input type="checkbox"/>	United Cerebral Palsy (UCP), Maricopa	<input type="checkbox"/>	TLC, Utah
<input type="checkbox"/>	Hummingbird, Southern Apache	<input type="checkbox"/>	

Date of exit rating: ____/____/____ Child's county of residence: _____

Exit Data System: _____ Exit Data ID: _____

* Unable to complete exit rating due to _____

Service Coordination/Primary Agency: Check One

<input type="checkbox"/>	DDD; District 1	<input type="checkbox"/>	AzEIP Only contractor, Child & Family Resources
<input type="checkbox"/>	DDD; District 2	<input type="checkbox"/>	AzEIP Only contractor, SWHD
<input type="checkbox"/>	DDD; District 3	<input type="checkbox"/>	AzEIP Only contractor, UCP
<input type="checkbox"/>	DDD; District 4	<input type="checkbox"/>	AzEIP Only contractor, NAU EI
<input type="checkbox"/>	DDD; District 5	<input type="checkbox"/>	AzEIP Only contractor, Ann Crawford Price
<input type="checkbox"/>	DDD; District 6	<input type="checkbox"/>	AzEIP Only contractor, High Country EI
<input type="checkbox"/>	ASDB Statewide	<input type="checkbox"/>	AzEIP Only contractor, Blake Foundation
<input type="checkbox"/>	Foundation for Blind Children	<input type="checkbox"/>	AzEIP Only contractor, Utah
<input type="checkbox"/>	AzEIP Only contractor, Arise	<input type="checkbox"/>	AzEIP Only contractor, REM Mohave/LaPaz
<input type="checkbox"/>	AzEIP Only contractor, Hummingbird	<input type="checkbox"/>	AzEIP Only contractor, Northland

Persons involved in deciding the summary ratings:

Name	Role	Entry	Exit
	Parent (s)/Caregiver		

AzEIP ENTRY INDICATORS SUMMARY

Child's Name: _____

Following the evaluation and assessment process and prior to beginning the initial IFSP meeting, think about the child's functioning in these areas, as indicated by assessments and based on observations from individuals in close contact with the child and discussions with the child's caregivers:

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

- *Thinking, reasoning, remembering, and problem solving*
- *Understanding symbols*
- *Understanding the physical and social worlds*

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

- *Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)*
- *Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)*
- *Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)*

Summary of information related to the above three indicators:

Indicator 1, 2, 3	Source of information	Date	Summary of Relevant Information at Entry
	Parent (s)		

Assessments used to help complete Child Indicators (check all that apply):

- ☐ Battelle Developmental Inventory- Second Edition
- ☐ Bayley Scales of Infant Development – Third Edition
- ☐ Brigance Diagnostic Inventory of Early Development – Second Edition
- ☐ Carolina Curriculum for Infants and Toddlers with Special Needs
- ☐ Developmental Assessment of Young Children (DAYC)
- ☐ Early Learning Accomplishment Profile (ELAP)
- ☐ Hawaii Early Learning Profile (HELP)
- ☐ Michigan Early Intervention Developmental Profile (The Michigan) (EIDP)
- ☐ The Oregon Project for Visually Impaired and Blind Preschool Children Skills Inventory, Fifth Edition
- ☐ The Ounce Scale

Use the previously noted summary information to rate the questions below based on the following chart:

Age-appropriate functioning in all or almost all everyday situations		Age-appropriate functioning some of the time and/or in some situations		Not yet showing age-appropriate functioning, but showing immediate foundational skills		Not yet showing age-appropriate functioning, including any immediate foundational skills
T	E	A	M	I	N	G

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

_____ To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? **(Enter T,E,A,M,I,N,G)**

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

_____ To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? **(Enter T,E,A,M,I,N,G)**

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

_____ To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? **(Enter T,E,A,M,I,N,G)**

AzEIP EXIT INDICATORS SUMMARY

Child's Name: _____

At or near the child's exit from early intervention, think about the child's functioning in these areas, as indicated by information from the Comprehensive Developmental Assessment prepared for transitioning a child to preschool, therapists notes, discussions with caregivers, and other information based on observations from individuals in close contact with the child:

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

- *Relating with adults*
- *Relating with other children*
- *Following rules related to groups or interacting with others (if older than 18 months)*

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

- *Thinking, reasoning, remembering, and problem solving*
- *Understanding symbols*
- *Understanding the physical and social worlds*

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

- *Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)*
- *Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)*
- *Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)*

Summary of information related to the above three indicators:

Indicator 1, 2, 3	Source of information	Date	Summary of Relevant Information at Exit
	Parent		

Assessments used to help complete Child Indicators (check all that apply):

- ☐ Battelle Developmental Inventory- Second Edition
- ☐ Bayley Scales of Infant Development – Third Edition
- ☐ Brigance Diagnostic Inventory of Early Development – Second Edition
- ☐ Carolina Curriculum for Infants and Toddlers with Special Needs
- ☐ Developmental Assessment of Young Children (DAYC)
- ☐ Early Learning Accomplishment Profile (ELAP)
- ☐ Hawaii Early Learning Profile (HELP)
- ☐ Michigan Early Intervention Developmental Profile (The Michigan) (EIDP)
- ☐ The Oregon Project for Visually Impaired and Blind Preschool Children Skills Inventory, Fifth Edition
- ☐ The Ounce Scale

Use the exit summary information to rate the questions below based on the following chart:

Age-appropriate functioning in all or almost all everyday situations		Age-appropriate functioning some of the time and/or in some situations		Not yet showing age-appropriate functioning, but showing immediate foundational skills		Not yet showing age-appropriate functioning, including any immediate foundational skills
T	E	A	M	I	N	G

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

_____ 1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this indicator? **(Enter T,E,A,M,I,N,G)**

_____ 1b. Has the child shown *any* new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the entry assessment summary? **Answer Yes or No. If Yes, please describe progress below:**

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

_____ 2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this indicator? **(Enter T,E,A,M,I,N,G)**

_____ 2b. (If Question 2a has been answered previously): Has the child shown *any* new skills or behaviors related to acquiring and using knowledge and skills since the entry assessment summary? **Answer Yes or No. If Yes, please describe progress below:**

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

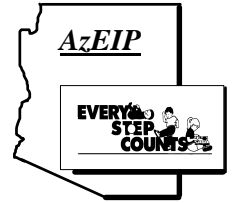
_____ 3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this indicator? **(Enter T,E,A,M,I,N,G)**

_____ 3b. Has the child shown *any* new skills or behaviors related to taking appropriate action to meet needs since the entry assessment summary? **Answer Yes or No. If Yes, please describe progress below:**

Definitions for Indicator Ratings

Overall Age Appropriate	Completely <i>means:</i>	T	Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this indicator area.
		E	Between Completely and Somewhat. Child's functioning generally is considered appropriate for his or her age but there are some concerns about the child's functioning in this indicator area.
Overall Not Age Appropriate	Somewhat <i>means:</i>	A	Child shows functioning expected for his or her age some of the time and/or in some situations . Child's functioning is a mix of age appropriate and not appropriate functioning. Functioning might be described as like that of a slightly younger child .
		M	Between Somewhat and Emerging
	Emerging <i>means:</i>	I	Child does not yet show functioning expected of a child of his or her age in any situation. Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Functioning might be described as like that of a younger child .
		N	Between Emerging and Not Yet
	Not yet <i>means:</i>	G	Child does not yet show functioning expected of a child his or her age in any situation. Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. Child's functioning might be described as like that of a much younger child .

ARIZONA EARLY INTERVENTION PROGRAM FOR INFANTS AND TODDLERS



Type in Your Program Name

IFSP Meeting Notification

(DATE)

(PARENT'S NAME)

(ADDRESS 1)

(ADDRESS 2)

Dear (PARENT'S NAME):

This is to remind you of the Individualized Family Service Plan (IFSP) team meeting for (CHILD's NAME) which has been scheduled for:

(DATE)

(TIME)

(PLACE)

The purpose of this meeting is to (develop/revise) your IFSP in order to (begin/review) the early intervention supports and services you may receive. Listed below are other members of your IFSP team who will be participating in the meeting, as discussed.

Name/Role

Name/Role

Name/Role

Name/Role

Name//Role

Name//Role

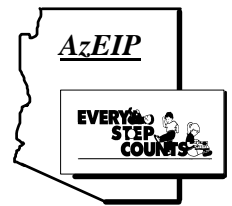
You and your IFSP team members will be using all of the information gathered so far, such as daily routines and activities, your resources, priorities, concerns and interests, evaluation reports, progress notes, and appropriate medical and health records, to develop/revise the IFSP.

If you are unable to attend please let me know so that we can reschedule the meeting.

Sincerely,

(YOUR NAME), Service Coordinator

(YOUR TELEPHONE NUMBER)



AzEIP RECORDS RELEASED AND ACCESSED LOG

Date Released	Agency or Individual to Whom Released	Purpose of Release	Consent on file	Records Released

RECORDS ACCESS LOG

Date	Name	Agency	Purpose

Chapter 8

Implementation of the Individualized Family Service Plan

This chapter describes implementation of the IFSP using the team-based model.

This chapter includes:	Page:
Implementing the Team-Based Model	56
Role of team members	56-57
Review of IFSP	58

Guidelines

1. In implementing the team-based model, the team lead and the family/care providers, with support from the core team, identify, model, evaluate and adjust strategies that support the family and child in achieving IFSP functional outcomes within and across the family, community, and early childhood contexts, which are part of the family's everyday life. Those strategies may change during a home visit with the family, as needed, and the team lead and family formulate new strategies for meeting the outcomes on the visit.
2. The role of the team lead in supporting infants and toddlers and their families:
 - a. Considers the natural environments, family routines, and activity settings in which the child could, should, or would like to participate and that are the context for attainment of IFSP functional outcomes.
 - b. Identifies both planned and spontaneous interest-based learning opportunities that do or could occur within these activity settings.
 - c. Assists the family and other caregivers to use these learning opportunities to lead to desired skills and behaviors.
3. Joint visits by team members are an important component of the team-based model and may be billed by each discipline. Some of the benefits of such visits include:
 - a. families can explain their concerns once, versus having to repeat their story to different people on different days;
 - b. team members can strategize with the family together, incorporating the family's goals with each member's professional expertise;
 - c. team members can learn from each other as expertise is shared with the family; and
 - d. a joint plan of strategies can be created during the visit.
4. By helping the family identify and access community resources and assistance, the service coordinator is helping the family build a resource network to support the family on an ongoing basis, even after early intervention ends. These discussions may include:
 - a. Asking whether a family was successful in applying for Supplemental Security Income (SSI) or WIC, and if they need further assistance.
 - b. Identifying new circumstances for the family, such as interest in the child's participation in swimming lessons or activities with other children in their neighborhood.
 - c. Assisting the family to find information about existing community resources, such as swim classes, the cost, and possible tuition support through community organizations such as the YMCA.

5. If a child becomes a ward of the state while enrolled in early intervention, the service coordinator follows the AzEIP policies and procedures to identify an appropriate representative to act as the child's educational parent under IDEA, Part C.

Implementation Procedures

1. After the initial IFSP is completed for a child eligible for AzEIP-only, the service coordinator is responsible for ensuring that the child and family receive the early intervention services designated on the IFSP in a timely manner as defined by the "Planned Start Date" on the IFSP. A service coordinator should be in regular contact with the family to ask whether each IFSP service has started, whether the family is satisfied with the service and whether there are additional needs of the family.
2. For non-contracted early intervention services identified on the IFSP but not provided by the Contractor, the service coordinator must identify a provider (such as a nutritionist) to provide the service in accordance with the IFSP. (See Chapter 11, *Definitions*, for definition of non-contracted early intervention services.) The service coordinator seeks to use all funding sources first and when no other funding source is available, the service coordinator contacts DES/AzEIP to ensure payment for the service.
3. The service coordinator assists the family with identifying and/or facilitating application for/access to other community activities and resources of interest to the family, such as Early Head Start, health insurance, and Supplemental Security Income. Service coordinators connect families to parent information and outreach and/or advocacy organizations for support and information. The community resources identified and/or existing for the family are those noted in the "Other Needed Services" section of the IFSP.
4. The team lead uses the five elements of coaching while working with the family: joint planning, observation, action/practice, reflection, and feedback.
5. Through ongoing coaching activities, the family and team lead may identify the need to involve other core team members to help understand and address new questions and offer new strategies and perspectives. The involvement of the other core team member(s), including the service coordinator, should be coordinated by the team lead and designed to support the team lead and family in their continued progress toward IFSP outcomes.
6. The team lead synthesizes information about all areas of the child's development and integrates strategies from all team members to address the outcomes and ensure that early intervention is meaningful and functional for families.
7. The service coordinator has monthly contact with the family to ensure that early intervention services are provided as planned, determine the need to reconvene the IFSP team to discuss new outcomes or changes in services, etc and/or to ensure that the family established access to resources (such as Women, Infants and Children (WIC), Early Head Start, etc.) previously identified and to discuss any new resources that the family might need.
8. The involvement of other core team members with the team lead may take place through:
 - a. joint visits,
 - b. a joint conference call,
 - c. regularly scheduled team conferencing meetings, to which the family is invited to participate for the portion related to their family and child, or

- d. separate visits with the family by another core team member. If a separate visit occurs, the other core team member informs the team lead of information shared with the family as soon as possible after that visit so that the team lead has the information before his/her next contact with the family.

The IFSP reflects the team's decision regarding the role that other core team members have in supporting the parents, caregivers and the team lead.

9. The team lead synthesizes information about all areas of the child's development and integrates strategies from all team members to address the family's outcomes at scheduled visits. The team lead also ensures that early intervention is meaningful and functional for families through use of the coaching elements with the family.
10. At least once a quarter, the core team reviews progress on the IFSP outcomes and the strategies being used to support the family. Based on information shared and discussed by the team, the Team Lead completes the quarterly integrated summary of the IFSP team's activities related to the child and family's outcomes.
11. The core team members will review the status of IFSP outcomes and early intervention activities of all families served by the team on at least a quarterly basis. The family will be invited to the team conferencing meeting for their family. The team will accommodate family participation by phone or other means to ensure it is convenient for the family.
12. The IFSP team reviews the IFSP for each child and the child's family every six months or more frequently if conditions warrant, or if a team member or the family requests a review. Changes must be documented and dated on the IFSP form. The review looks at the progress being made on the outcomes and determines whether modifications or revisions of the outcomes and/or supports and services are needed. At the IFSP review, the team considers:
 - a. The degree to which progress toward achieving the outcomes is being made; and
 - b. Whether modification or revision of the outcomes and/or supports and services is necessary.
13. A new IFSP (using a blank IFSP form) is developed annually. For the annual IFSP, information from ongoing assessment must include all areas of development, including vision and hearing.
14. The service coordinator also ensures that the family survey is explained and provided to the family at **each** annual IFSP.

Resources: Hanft, B., Rush, D. & Sheldon, M. (2004). *Coaching Families and Colleague in Early Childhood*. Baltimore, MD: Paul H Brookes Publishing Co.
AzEIP Policies & Procedures, Chapter 7 *Procedural Safeguards*
AzEIP Technical Assistance Bulletin # 5, *Providing Families with Timely Supports and Services*
AzEIP Technical Assistance Bulletin #2, *Service Coordination*

Chapter 9

Eligibility Considerations After the Implementation of the Initial IFSP

This chapter explains the steps and procedures for children who have been receiving early intervention through the AzEIP-only Contractor and may be eligible for DDD and/or ASDB or children who may no longer be eligible for AzEIP.

This chapter includes:	Page:
Subsequent Eligibility for Another AzEIP Service Providing Agency	59
Re-determination of Eligibility	59

Guidelines

A. Subsequent Eligibility for Other AzEIP Service Providing Agency

1. If during implementation of the IFSP, the team determines that the child may be eligible for either DDD or ASDB, the service coordinator is responsible for coordinating the determination of eligibility with DDD or ASDB.

Ex. Six months into early intervention, a child is diagnosed by a qualified professional with cerebral palsy, an established condition making the child eligible for DDD. The service coordinator (i) shares information with the family about the potential eligibility, (ii) contacts DDD, and (iii) sends the necessary documentation supporting the recommendation for eligibility. DDD determines eligibility, and the two service coordinators coordinate the transition of the family to DDD.

2. If the child is determined eligible for DDD or ASDB, the service coordinator transitions the family in the least disruptive means to ensure the continued provision of supports and services for the child and family by the DDD or ASDB. A copy of the child's complete file must be sent to DDD or ASDB within two days of DDD or ASDB's determination of eligibility.

B. Re-determination of Eligibility

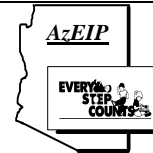
1. If the IFSP team suspects that a child is functioning at or near appropriate developmental levels, the team lead and service coordinator plan and coordinate a multidisciplinary evaluation to determine whether the child continues to be eligible for AzEIP. All requirements of an evaluation discussed in Chapter 5 must be met and the team lead is responsible for ensuring the appropriate documentation of the evaluation. (See Chap. 5 Exhibits, Developmental Evaluation Report form).
2. If a child is found to no longer meet AzEIP eligibility criteria, the service coordinator implements all the required AzEIP procedures, such as Prior Written Notice, to inform the family of the findings and support the family in identifying other community resources, as appropriate.
3. The IFSP team, along with the family, completes the exit rating on the Child Indicator Summary form.

4. The service coordinator also:
 - a. documents the team's decision on an Eligibility Outcome form (see Chap. 5 Exhibits, Eligibility Outcome form) with the date and then places in the child's file, along with the supporting document;
 - b. provides the family with an AzEIP Family Survey (see Chap. 9 Exhibits, AzEIP Family Survey); and
 - c. ensures the child's record is closed in the ACTS database.

Resources: AzEIP Policies & Procedures, Chapter 7, *Procedural Safeguards*
AzEIP Technical Assistance Bulletin #1: *Prior Written Notice*
AzEIP Technical Assistance Bulletin # 2: *Service Coordination*

ARIZONA EARLY INTERVENTION PROGRAM

- AzEIP - FAMILY SURVEY



Date Completed

(month/year): _____

Service Coordinator's

Name: _____

Family's County of

Residence: _____

Service Coordination Agency:	<input type="checkbox"/> DDD	<input type="checkbox"/> ASDB	<input type="checkbox"/> DES/AzEIP _____
Child's Age at Time of Survey Completion:	<input type="checkbox"/> Birth to 1	<input type="checkbox"/> 1 - 2 years	<input type="checkbox"/> 2 - 3 years <input type="checkbox"/> Over 3 years
Child's Age When first Referred to Early Intervention:	<input type="checkbox"/> Birth to 1	<input type="checkbox"/> 1 - 2 years	<input type="checkbox"/> 2 - 3 years <input type="checkbox"/> Over 3 years
Child's Race/Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> African-American or Black	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Multi-racial

This is a survey for families receiving early intervention services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select one of the response choices. **You should skip any item that you feel does not apply to your family.** Thank you.

Impact of Early Intervention Services on Your Family

Over the past year, Early Intervention services have helped me and/or my family:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. participate in typical activities for children and families in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. know about services in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. improve my family's quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. know where to go for support to meet my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. know where to go for support to meet my family's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. get the services that my child and family need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. feel more confident in my skills as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. keep up friendships for my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. make changes in family routines that will benefit my child with special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. be more effective in managing my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. do activities that are good for my child even in times of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. feel that I can get the services and supports that my child and family need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. feel that my child will be accepted and welcomed in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. be able to evaluate how much progress my child is making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. communicate more effectively with the people who work with my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. know about my child's and family's rights concerning Early Intervention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. do things with and for my child that are good for my child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. understand my child's special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. feel that my efforts are helping my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. understand how the early intervention system works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. help other children in my family (if there are other children) adjust to their brother's or sister's special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. find information I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. figure out solutions to problems as they come up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. feel that I can handle the challenges of parenting a child with special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. understand the roles and responsibilities of the people who work with my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS, SUGGESTIONS, OR CONCERNS:

Chapter 10

Transition

This chapter describes the transition process for children who are turning three.

This chapter includes:	Page:
Purpose of Transition	62
Transition Process	62
Transition IGA	62-63

Guidelines

1. According to IDEA 2004, communities must collaborate to develop processes and procedures to facilitate smooth transitions for children and families leaving early intervention, including the establishment of who is responsible for implementing the procedures.
2. In AzEIP, the child's and family's transition should be efficient and seamless, and the family should have sufficient information to make informed choices as their child and family transition from early intervention. Transition should include preparing the child and family for change, sharing information with programs that the family is interested in learning more about, facilitating a transition conference where a plan is prepared and implementing the transition plan.
3. Discussions about transition begin with a family when they begin in early intervention and continue throughout the child's enrollment.
4. A Transition Planning Conference occurs, with family agreement, when the child is between 2.6 and 2.9 years old to begin formal planning for what the family would like to see for their child and family when the child turns three years of age. In certain circumstances, the conference may be held as early as when the child is 2.3 years old, such as when the child will be exiting early intervention earlier than his/her third birthday.
5. The five key elements to the transition planning process are to
 - (1) Prepare the child and family;
 - (2) Share identifying information with potential programs;
 - (3) Conduct Transition Planning Conference;
 - (4) Implement the transition plan; and
 - (5) Refer to the program the family chooses.
6. If a family is interested in exploring special education services in the preschool, the service coordinator facilitates the transition in accordance with the Transition Intergovernmental Agreement (Transition IGA) between Department of Economic Security/Arizona Early Intervention Program (DES/AzEIP) and Arizona Department of Education (ADE).
7. The purpose of the Transition IGA is to:
 - a. delineate procedures for the transition of children with disabilities from AzEIP to the Public Education Agencies (PEA);
 - b. ensure families' rights to services for which they are eligible; and
 - c. assure Free Appropriate Public Education (FAPE) by a child's third birthday.

8. A requirement of the Transition IGA is for each program providing service coordination to notify the appropriate public education agency (school districts) of children in early intervention approaching the transition age during the specified reporting period as described in the Transition IGA.
9. The service coordinator and the IFSP team gather information about how a child has progressed in early intervention and complete the exit rating of the Child Indicator Summary Form for all children exiting early intervention who have been in the program at least six months.
10. The service coordinator ensures that all forms and documentation of the transition process are filed in the child's file.

Implementation Procedures

1. The service coordinator facilitates the transition for children and families from early intervention to preschool, or other appropriate services, or when the family or child moves, or the child is no longer eligible.
2. The service coordinator arranges the Transition Planning Conference and invites potential programs that the family is interested in, such as preschool, Head Start, private preschool and/or Montessori, and completes and sends the "Invitation to Participate in a Transition Planning Conference". (See Chap. 10 Exhibits, Transition Planning Form, Part I). The conference is scheduled a minimum of two weeks in advance and/or at a mutually agreeable time for the attendees.
3. The transition planning conference is to be held when the child is between 2.6 and 2.9 years old, and at the discretion of all parties, not earlier than 2.3 months. The earlier time for a conference may be necessary when the child will be transitioning out of early intervention before his/her third birthday, such as when a school district enrolls children at 2.9.
4. Prior to the transition planning conference, the service coordinator contacts the team members and ensures that the child's developmental and medical history is updated and notes the updates on the Summary of Child's Present Levels of Development page of the IFSP.
5. Prior to the conference, the service coordinator discusses with the family whether they are ready and would like to share information with any of the programs to be invited to the transition planning conference. If the family is interested, the service coordinator obtains written parental consent and sends those documents that the family agrees to release to the invitees. Information to be shared could include the current IFSP and other developmental and medical information, such as the updated results of vision and hearing screenings.
6. The team lead and other team members as appropriate participate in the transition planning conference sharing information about the child and family.
7. The service coordinator facilitates the transition planning conference and establishes timelines and activities to support the child's transition, which is documented on the Conference Summary. (See Chap. 10 Exhibits, Transition Planning Form, Part II).
8. After the conference, the service coordinator mails copies of the Conference Summary to the attendees.

9. During transition, and no earlier than 60 days prior to the child's transition from early intervention, the service coordinator facilitates discussion with the family about completing the exit rating of the Child Indicator Summary form. The form is completed and a copy of the form is sent to the DES/AzEIP office.
10. The service coordinator provides the family with an AzEIP Family Survey at or near the family's exit from AzEIP. (See Chap. 9 Exhibits, AzEIP Family Survey).
11. Two times a year, the Contractor must notify the school districts in which the children they are serving reside and DES/AzEIP:
 - a. of children who will be transitioning from early intervention in the upcoming 16-month period (February through May of the following year), by preparing a list of children, which will contain only directory information. This list is due by **February 1** of each year. (See Chap. 10 Exhibits, School Notification Form); and
 - b. of children transitioning between September and May of that school year by **September 15** of each year. (See Chap. 10 Exhibits, School Notification Form).

Resources: Transition IGA

Part I

TO: _____
(Name of designated Public Education Agency (PEA) contact person.)

You are invited to a meeting to develop the transition plan for _____ who is currently
(Child's Name)
enrolled in our agency's AzEIP program and resides in the _____ School District. The child's date of birth is
_____. The meeting will assist the parent(s) and their team to understand and plan the transition process from
(mm/dd/yy)
early intervention to the appropriate early childhood education programs.

The meeting will be held at: Date _____ Time _____

Location:

	Parent ¹
	AzEIP Service Coordinator
	Provider from the Family's IFSP team
	PEA Representative
	Other

- Providing information to the parent(s) about all available educational programs for preschool children, including those programs for children with and without disabilities.
- Providing information to the parents about the eligibility criteria for preschool special education services, including evaluation procedures and special education eligibility areas.
- Providing the parents with an explanation of the requirements of a free appropriate public education (FAPE).
- Providing the parents a copy of the procedural safeguards afforded the child and family as required in Part B of the IDEA.
- Explaining the purpose of Extended School Year (ESY) services and the documentation needed to support the IEP team in determining eligibility for extended school year services.
- Consent forms to conduct further evaluation to determine eligibility for preschool special education.
- Other information needed to facilitate a timely, seamless transition.

AzEIP Service Coordinator's Name	AzEIP Participating Agency
Phone Number	Date

¹ Parent means (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.

Arizona Transition Planning Form

Part II

Conference Summary			
Child's Information			
Child's Full Name (Last, First, Middle)	Date of Birth	Date of Transition Meeting	
Child's Address	City	State	Zip Code
Primary Language of Home	Limited English Proficient ___ Yes ___ No		
Parents' ¹ Names			
Address	City	State	Zip Code
District of Residence (based on parent(s)' address)			
Participants in the Transition Meeting			
Relationship to Child	Signature	Phone Number	
Parent(s) ¹			
AzEIP Service Coordinator			
Provider from the Family's IFSP Team			
PEA Representative			
Other			
Summary			
Action Steps	Timeline	Person(s) Responsible	

The parent requests participation of the following individuals at the Preschool Eligibility/MET Conference and IEP meeting: ☐ AzEIP Service Coordinator and/or ☐ Others (provide names): _____

¹ Parent means (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.

Page ____ of ____

[illegible]

CHAPTER 11

Definitions

1. Arizona State Schools for the Deaf and the Blind (ASDB) Eligibility: is an AzEIP service providing agency that serve children under the age of three who have:
 - a. a hearing impairment, which is a permanent bilateral loss of hearing acuity, as determined by an audiologist; and
 - b. a visual impairment, which means a permanent bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes with the child's development.
2. Assessment means ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:
 - a. a. the child's unique strengths and needs and the services appropriate to meet those needs; and
 - b. b. the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.
3. AzEIP Eligibility The State of Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
 - a. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
 - i. physical: fine and/or gross motor and sensory (includes vision and hearing);
 - ii. cognitive;
 - iii. language/communication;
 - iv. social or emotional; or
 - v. adaptive (self-help).
 - b. Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (e.g., spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; and severe attachment disorders.

The state's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.
4. Contractor Services include the following:
 - a. occupation therapy;
 - b. physical therapy;
 - c. psychology;
 - d. service coordination;
 - e. social work;
 - f. speech-language pathology, and

g. developmental special instruction

5. Core Team - The following constitutes a core team:

- a. occupation therapist;
- b. physical therapist;
- c. speech-language pathologist;
- d. developmental special instructionist (a.k.a. early interventionist or developmental specialist) and
- e. service coordinator.

The core differs from the family's IFSP team, which may include some or all core team members. The core team reviews and discusses progress toward IFSP outcomes in order to support the team lead and other IFSP team members in developing and modifying strategies to obtain IFSP outcomes, respond to family questions. The family is invited to participate in core team discussion regarding their family. If the family participates in the core team discussion and an IFSP change is identified and agreed upon by the family, a revision may be made in accordance with AzEIP IFSP policies and guidance documents. In most circumstances, the core team will not make IFSP decisions and never without full participation of the parents.

6. DES database means the automated database of DES used to collect data for AzEIP. That database currently is the Arizona Child Tracking System (ACTS).

7. Division of Developmental Disability Eligibility – A child under the age of 6 may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. DDD defines developmental disabilities as cognitive disability, cerebral palsy, epilepsy, or autism.

Eligibility for a child from birth to six years of age requires one of the following:

- a. The child has a diagnosis by a qualified professional of cerebral palsy, epilepsy, autism or cognitive disability; or
- b. The child has an established condition which puts him/her “at risk” for one of the four developmental disabilities. “At Risk” conditions that may lead to one of the four developmental disabilities include:
 - (1) Congenital infections such as rubella or CMV;
 - (2) Metabolic diseases with known mental retardation high-risk association, such as maple syrup urine or untreated hypothyroidism with high risk for cognitive disability;
 - (3) The parent or primary caregiver has a developmental disability, and there is a likelihood that without early intervention services, the child will become developmentally disabled;
 - (4) Other syndromes with known mental retardation high-risk association, such as, Cornelia de Lange or Prader-Willi Syndrome;
 - (5) Alcohol or drug-related birth defects, such as Fetal alcohol Syndrome (FAS);
 - (6) Birth weight less than 1000 grams 2.2 LBS with neurological impairment or significant medical involvement;
 - (7) Neonatal seizures (afebrile, i.e., not from a fever);
 - (8) Post natal traumatic brain injury;
 - (9) Hydrocephaly, Microcephaly, Meningitis, Encephalitis;
 - (10) Spina bifida with evidence of hydrocephalus or Arnold-Chiari malformation;
 - (11) Intraventricular Hemorrhage, Grade 3 or 4;
 - (12) Periventricular Leukomalacia; and

- (13) Chromosomal abnormalities with high risk of leading to a developmental disability, such as Down Syndrome or Fragile X.

The following conditions require a review from DDD of medical records and/or delays documented on a developmental assessment (diagnosis alone is not sufficient):

- (1) Fetal Drug Exposure
 - (2) Fetal Alcohol Effects (FAS)
 - (3) Developmental Delay
 - (4) Pervasive Developmental Disorder (PDD)
 - (5) Failure to Thrive
- c. Have demonstrated a significant developmental delay that indicates the potential for one of the four developmental disabilities. A significant developmental delay that may lead to one of the four developmental disabilities may occur when:
- (1) the child has not reached 50% (2 standard deviations) of the developmental milestones expected at his/her chronological age in one of the following domains;
or
 - (2) the child has not reached 75% of the developmental milestones expected at his/her chronological age in two or more of the following domains:
 - Physical Development (fine and gross motor skills)
 - Cognitive Development
 - Language/Communication Development
 - Self-help/Adaptive Skills
 - Social-Emotional Skills

8. Early Intervention Services are those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early Intervention Services include:

- a. *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include-
- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 - (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - (v) Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and

- (vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- b. *Audiology* includes:
 - (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
 - (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 - (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - (v) Provision of services for prevention of hearing loss; and
 - (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- c. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- d. *Health services* (only those services necessary to enable a child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.13).
- e. *Medical services only for diagnostic or other evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
- f. *Nursing services* includes:
 - (i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - (iii) Administration of medications, treatments, and regimens prescribe by a licensed physician.
- g. *Nutrition services* includes:
 - (i) Conducting individual assessments in-
 - a. Nutritional history and dietary intake;
 - b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
 - (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
 - (iii) Making referrals to appropriate community resources to carry out nutrition goals.

- h. *Occupational therapy* includes services to address the functional needs of a child related to adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, schools, and community settings, and include-
 - (i) Identification, assessment, and intervention;
 - (ii) Adoption of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
 - (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- i. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include-
 - (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
 - (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- j. *Psychological services* includes:
 - (i) Administering psychological and developmental tests and other assessment procedures;
 - (ii) Interpreting assessment results;
 - (iii) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health and development; and
 - (iv) Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- k. *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family. The Contractor service coordinator shall serve as the single point of contact for:
 - i. Assisting and enabling the child's family to receive the rights, procedural safeguards, and services authorized to be provided by the State.
 - ii. Coordinating and monitoring the delivery of services across agency lines.
 - iii. Assisting parents in gaining access to the early intervention services and other services identified on their IFSP in a timely manner.
 - iv. Continuously seeking the appropriate services and situations necessary to benefit the development of the child.
 - v. Ensuring coordination and completion of evaluations and assessments.
 - vi. Participating in the development, review, writing, and evaluation of the IFSP.
 - vii. Informing families of the availability of advocacy services.
 - viii. Coordinating with medical and health providers.
 - ix. Providing and explaining the AzEIP Family Survey to families at each annual IFSP meeting and at or near exit from early intervention. If requested by families, the service coordinator assists the family in completing and/or submitting the survey.

- x. Ensuring designation of the appropriate educational/early intervention parent, including a surrogate parent, if needed.
- xi. Facilitating timely transition planning to support the child's transition to preschool and other appropriate community services by their 3rd birthday. Transition planning includes notification to the Public Education Agency (PEA), convening a transition conference, and identifying and implementing the transition steps and services in accordance with the Transition Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education.
- xii. Ensuring that all required data is entered into the DES automated system; that the data is accurate, complete, and timely. Ensuring that data is submitted to AzEIP according to the prescribed schedule, and following up on any request from AzEIP for clarification, correction, or completion of data.
- xiii. Documenting the service coordination functions and maintaining the child's record.
- xiv. Ensuring the completion of the Child Indicators Summary form at or near an eligible child's entrance to and exit from the early intervention program.
- xv. Participating in regular core team meetings.
- xvi. Gathering records and conducting developmental screenings, as appropriate to determine if the child is suspected of having a delay or disability.
- xvii. Meeting with the family and describing the purpose and scope of early intervention.
- xviii. Coordinating with the Multidisciplinary team and, if eligible, the Team Lead and other team members to ensure that information is shared with the family and, as appropriate, core team members.
- xvix. Identify professionals with appropriate expertise, licensure, and availability to provide non-contractor early intervention services.

I. *Social work services* includes:

- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- (ii) Preparing a social or emotional developmental assessment of the child within the family context;
- (iii) Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services; and

m. *Special instruction* includes:

- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;

- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (iv) Working with the child to enhance the child's development.

n. *Speech-language pathology* includes:

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal in those skills;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

o. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

p. *Vision services* means:

- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays, and abilities;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- (iii) Communication skills training for orientation and mobility training, for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

9. Evaluation means procedures used in accordance with IDEA, Part C, to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:

- a. a review of existing information about the child;
- b. a decision regarding the need for additional information;
- c. if necessary, the collection of additional information; and
- d. a review of all information about the child and a determination of eligibility for special education services and needs of the child.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50% delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.

10. Functional outcomes for infants and toddlers with disabilities are outcomes that make day to day life for both the child and family easier, while also promoting the child's development, engagement, independence, and social relationships. They are identified by the family as a priority, with the support of the IFSP team. These outcomes reflect the discussions of the team about the child's participation within and across the family, community, and early childhood contexts that are part of the family's everyday life. The focus of those discussions should be to determine the child's interests, the family's interests, and the various activity settings in which

the family already participates or is interested.

11. Individualized Family Service Plan (IFSP) is a written plan developed by a multidisciplinary team, including the parent, which includes:

- a. an integrated statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
- b. with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child and supporting the family;
- c. a statement of the major functional outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;
- d. a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
- e. the number of days or sessions, the length of time per session, and whether the service will be provided on an individual or group basis (frequency and intensity);
- f. how the service will be provided (such as consultation, direct service, etc.);
- g. the natural environments and contexts in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment, including timelines;
- h. the actual place or places where the service will be provided (location);
- i. the payment arrangements, if any;
- j. to the extent appropriate, non-routine medical and other services the child needs, but are not required under IDEA, Part C, the potential funding sources for those services, and the steps that will be taken to help the family obtain those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
- k. the projected dates for beginning services as soon as possible after the IFSP meeting;
- l. the anticipated duration of services; and
- m. the name of the responsible service coordinator.
- n. the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other appropriate community services, must also be included in the IFSP.

12. IFSP Team means the group of individuals who participate in each initial and annual IFSP and must include:

- a. the parent(s) or legal guardian of the child;
- b. other family members, if requested by the parent(s);
- c. an advocate or any other person outside of the family, if requested by the parent(s);
- d. the designated service coordinator;
- e. the person(s) directly involved in conducting the assessment/evaluations; and
- f. person(s) who will be providing services, if appropriate.

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- a. participating in a telephone conference call;
- b. having a knowledgeable authorized representative attend the meeting; or

- a. making pertinent records available at the meeting.

13. Informed Clinical Opinion is used by early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services under Part C and as a basis for planning services to support the child and family. Informed clinical opinion relies on the professional's developmental expertise in the meaningful synthesis and interpretation of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

For the purposes of determining eligibility, each multidisciplinary evaluation team member applies his/her own developmental expertise in interpreting observation, interaction, evaluation and assessment, and records and makes a recommendation about the child's eligibility. However, the multidisciplinary team must reach consensus regarding the child's eligibility for AzEIP.

14. Initial Planning Process is the events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

15. Initial Referral is the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a Contractor, DES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for AzEIP as a child with a developmental delay or disability and who might need early intervention. The "initial referral" is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number. The "initial referral" does not require the completion of an AzEIP application.

16. Multidisciplinary Team as defined in 34 C.F.R. §303.17 means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment. For the purposes of this contract, multidisciplinary evaluation team means two professionals representing physical therapy, occupational therapy, speech language pathology, or developmental special instruction. The multidisciplinary evaluation team cannot be two professionals from the same discipline. Professionals who are part of the multidisciplinary evaluation team should, to the extent possible, be regular members of the core team fulfilling both team lead and other core team roles.

17. Natural Environments are those settings that are natural or normal for the child's age peers who have no disabilities. Early intervention services must, to the maximum extent appropriate, be provided in the natural environment. This includes the home and community settings, such as a park, restaurant, child care provider, etc, in which children without disabilities participate.

The Individualized Family Service Plan (IFSP) team may designate other than a natural environment only when the outcomes identified on the IFSP cannot be met providing the service in a natural environment. In the few situations where the team decides that it is impossible for

the child to meet an outcome in a natural environment, it must provide justification for its decision and a plan with a timeline to provide the service in a natural environment.

18. Natural support systems are the existing relationships and informal resources available to or of interest to a family, such as friends, community groups, faith-based organizations, schools, and neighborhood programs and community agencies.

19. Non-contracted early intervention services are those services identified under Part C of IDEA as early intervention services, which may be identified by the IFSP team as needed by a family and child, however, the Contractor will not bill for these services. Instead, the service coordinator, must assist with identifying an individual or organization with the appropriate expertise and licensure/registration for the specific service identified on a family's IFSP, and availability with whom DES/AzEIP can make arrangements to pay.

20. Rates

- a. *Natural Rate*: Early intervention services will, to the maximum extent appropriate to the needs of the child, be provided in the natural environment. Natural environments are those settings that are natural or normal for the child's age peers who have no disabilities. (Early intervention may only be provided in an environment other than a natural environment when the outcomes cannot be achieved in a natural environment. The Justification page of the IFSP must be completed.) The natural rate is billed when the early intervention professional provides direct services to the child and/or family in the natural environment, and includes initial and ongoing assessments. Travel time and mileage are not billed separately as they are built into the rate. The unit rate includes completion of documentation requirements.
- b. *Clinic Rate*: Clinical rates may only be used when a service cannot be provided in the natural environment. In these rare instances, the Justification page of the IFSP will be completed, including the justification for the decision with a timeline to bring the service into the natural environment. The timeline should be no longer than three months. The clinic rate is billed in these circumstances. The unit rate includes completion of documentation requirements.
- c. *Evaluation Rate*: This rate may only be used when a professional is evaluating a child to determine initial eligibility (i.e., during the initial planning process) or to re-determine continuing eligibility, if needed. The evaluation unit of service is one complete evaluation, including documentation, such as report writing. Travel time and mileage are not billed separately.
- d. *Service Coordination Rate*: Service coordination does not have a natural rate, as the majority of service coordination activities occur in the office setting. Service coordinators can bill for their travel time for conducting service coordination activities, which are activities conducted with the family.
- e. *Multiple Children Rates*: These rates apply when the service is provided to more than one child, such as when there are two eligible children who are twins or are in a foster home. The team lead and other team members must individualize services to reflect the family's priorities, identified functional outcomes, and expand caregivers' ability to support their children in the context of their routines. This framework promotes simultaneously engaging children as caregivers do throughout the daily routines, rather than working with children sequentially.

21. Screening refers to informal and formal procedures to identify concerns in a child's development that may indicate that the child has a developmental delay or disability as defined by the State of Arizona and, therefore, may need an evaluation to determine eligibility for early intervention

services. Screening may include observations, family interviews, review of medical or developmental records, or administration of specific screening instruments.

22. Team Lead is the primary service provider with expertise most relevant to the child's needs and the IFSP outcomes and is the primary partner with the family in the provision of services. The team lead's focus is on collaborative consultation and coaching of families as the primary intervention strategy to implement jointly-developed, functional IFSP outcomes in natural environments with ongoing coaching and support from other team members. The primary service provider does not single-handedly meet all the service needs of the child. The team remains in place, is involved in team decisions, and actively consults with the primary service provider, periodically visiting with the family as needed.

CHAPTER 12

Administration

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A. Administrative Requirements

The Contractor will:

1. Require that all personnel who provide early intervention service through this contract comply with Arizona Statutes and Rules; AzEIP policies and procedures, including meeting the Standards of Practice and personnel qualifications; and the Individuals with Disabilities Education Act (IDEA), including reporting requirements and monitoring activities, and State licensure and/or registration.
2. Maintain personnel files and ensure that all professionals working on the team, including subcontractors, maintain personnel files, which document that each employee and subcontractor has met the AzEIP personnel qualifications, required State licensure and certification and received training in AzEIP policies and procedures and the IDEA. Personnel files will contain documentation of educational level(s) attained, and current professional licensure/certification, consistent with the requirements of AzEIP personnel qualifications and appropriate State licensure.
3. Require all personnel, whether employed, contracted or accessed through subcontracting, who conduct evaluations/assessments of the children be trained to select and utilize appropriate, non-discriminatory methods and procedures for evaluating and assessing children, birth to three years old, in all developmental domains, including social-emotional.
4. Require all personnel who provide early intervention services through this contract to maintain current certification for Cardiopulmonary Resuscitation (CPR).
5. Require all employees and subcontractors to have job descriptions and current resumes on file with Department of Economic Security, Arizona Early Intervention Program within one week of employment/subcontract initiation.
6. Understand the scope of practice of each core team discipline and ensure the code of ethics within each professional's practice.

7. Ensure that all personnel are able to communicate effectively with the family members or caregivers in their native language or other mode of communication (e.g., American Sign Language, Spanish, etc.). If personnel are not fluent in the native language or other mode of communication, the Contractor will coordinate access to competent interpretation and/or translation through resources available to the family and/or community. If interpretation and/or translation is not available to the family or in the community, the Contractor must arrange and pay for appropriate interpretation and/or translation services. The Contractor will ensure that all confidentiality requirements are maintained regardless of the source of and payment for interpretation and/or translation services.
8. Ensure that all personnel review the Scope of Work for this contract within one week of employment or subcontracting with the Contractor.
9. Have adequate telephone, e-mail, and facsimile capacity to conduct business, including, the receipt of referrals and facilitating communication and coordination amongst team members, such as in-person meetings, conference call capability, and e-mail.
10. Coordinate with Native American early childhood programs in their region by developing working relationships and ongoing communication to ensure the provision of early intervention services.
11. Use screening, evaluation and assessment tools and instruments approved by the Arizona Early Intervention Program.
12. Respond to a family's request to change a team member by informing their service coordinator or, another member of the team, if the request is for a change in service coordinator. The Contractor will coordinate with the family to identify and resolve concerns and, if necessary, identifies another team member to work with the family.
13. Ensure that all contractor service coordinators and other core team members, whether employed or contracted, attend the AzEIP quarterly regional meetings and other AzEIP meetings/trainings as may be required. Other team members are encouraged to attend these meetings as well.
14. Ensure that the team lead for each family submits quarterly integrated summaries of the IFSP team activities related to the child and family's outcomes. These summaries must be submitted to the designated service coordinator.
15. Submit, on a schedule to be determined by the Department, a percentage of completed IFSPs to DES/AzEIP for review and technical assistance.
16. Implement procedures to address: frequency and type of team communications and collaborations, including scheduling weekly team meetings, supervision, technical assistance, professional development opportunities, and team-building strategies.
17. Establish and implement internal grievance procedures for employees and subcontractors. (See Chap. 12 Exhibits, Informal Complaint log).
18. Participate in training regarding data requirements with DES/AzEIP, as requested.

Resources: AzEIP Policies and Procedures, Chapter 5, *Technical Assistance System*

B. General Policy Requirements

The Contractor will:

1. Adhere to Part C of the Individuals with Disabilities Education Act (IDEA), including any future revisions to the implementing regulations of IDEA, 2004, and the policies and procedures of the Department of Economic Security, Arizona Early Intervention Program (AzEIP), including the Child Find and Transition Intergovernmental Agreements between the Department of Economic Security and the Arizona Department of Education.
2. In the event that the Contractor fails to perform in accordance with this contract, federal law or AzEIP policy, the Contractor will be liable for costs, sanctions, and fees imposed against the Department that would not have been imposed, but for the Contractor's action or lack thereof.
3. Register with the Arizona Early Intervention Program annually and update their registration at a minimum, every six months.
4. Participate in and adhere to AzEIP's Continuous Monitoring and Quality Improvement System policies and procedures, including implementation of required corrective action and documentation of compliance.
5. Ensure that no personnel, whether employed or sub-contracted and whether paid or not, transport any child/family enrolled in early intervention services in a motorized vehicle.
6. Ensure that personnel only provide services to a child in the presence of a family member or other caregiver.

Resources: AzEIP Policies and Procedures, Chapter 2, *Monitoring*
AzEIP Policies and Procedures, Chapter 5, *Technical Assistance System*
AzEIP Policies and Procedures, Chapter 6, *Comprehensive System of Professional Development*

C. Capacity Requirements

The Contractor will:

1. Establish a sufficient FTE of core team members to develop and implement the Individualized Family Service Plan (IFSP), including all transition activities and core-team services identified on the IFSP.
2. Within one month of the contract award, ensure that it has the capacity to implement the contract (scope of work) with all new referrals and with families who have transitioned from the current AzEIP service delivery system and the ability to expand capacity to accommodate growth.

3. Have the capacity to accommodate family schedules, including weekends and evenings, and work with children and their caregivers in the environments in which they regularly participate, such as child care, local parks, libraries, the family and extended family home, etc.
4. Operate year-round/52 weeks of the year to receive referrals for ongoing service coordination and implement the requirements of this Contractor agreement.
5. Not refuse to or fail to implement service coordination and the IFSP of a child in the geographic area specified in this contract. In the event that the Contractor receives a referral for a child who resides outside that designated geographic area, the Contractor forwards all referral information and materials to the appropriate AzEIP Contractor within two business days of receipt and in accordance with all confidentiality requirements.
7. Establish and implement procedures to recruit and retain qualified personnel and subcontractors or members with formal agreements.
8. Participate in AzEIP public awareness, child find, and AzEIP family participation activities.
9. When providing service coordination, maintain caseloads that ensure that all service coordination functions are fulfilled effectively with each family. If the team lead fulfills service coordination functions (a.k.a. combined/blended role), the caseloads will be lower to ensure that both the team lead and service coordination functions are fulfilled in an effective manner with each family.

D. Record Keeping and Reporting Requirements

The Contractor will:

1. Keep all child files in compliance with AzEIP policies and procedures, IDEA, Part C, the Family Educational Rights and Privacy Act (FERPA), and the Education Department General Administrative Regulations (EDGAR). In the event of any breach of confidentiality, such as the theft of identifiable information, the Contractor will conform to the DES policy related to information disclosure.
2. Use forms, notices, and releases prescribed by DES/AzEIP.
3. Comply with all AzEIP data reporting and billing requirements. The Contractor will have access to Microsoft Professional Office 2000 or above, the Internet and e-mail. Monthly billing and data must be submitted via e-mail using a database developed and provided by DES/AzEIP.
4. Establish and implement programmatic and fiscal controls to ensure that (i) the referral of each family is addressed within the required timelines; and (ii) the initial planning process and on-going services are cost-effective, maximize the use of natural supports, utilize all community, State and Federal resources available to the family, and operates within the Contractor's budget.

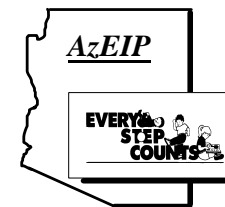
5. Attend regularly scheduled meetings, along with a management and core team representatives, with the DES/AzEIP for support and direction in meeting the requirements of this contract.
6. Seek to use all available funding sources, such as private insurance, Medicaid (e.g., Arizona Health Care Cost Containment System and Comprehensive Medical and Dental Program). The Contractor will request parental consent to bill private insurance, and, if granted, bill private insurance for covered services. The Contractor will have mechanisms to pay for insurance co-pays and deductibles for families.
7. File contact information with DES/AzEIP one week (five business days) or more prior to any changes.
8. Maintain proof of hours worked by the core team members (e.g., time sheets).
9. Submit financial data as required, including an audited annual financial statement specific to the program.
10. Provide additional information and data as requested.

Resources: AzEIP Policies and Procedures, Chapter 7, *Procedural Safeguards*
AzEIP Policies and Procedures, Chapter 8, *Data Collection and Record Keeping*

E. Rates

1. There is a published rate for each service identified on the core team.
2. Unit of Service: The unit of service for Natural Rate and Clinical Rate is one hour. The unit of service for Evaluation is one complete evaluation, including report writing, regardless of the length of time taken to conduct the evaluation.
3. Payment: The Department agrees to reimburse the contractor up to the Unit Release Order maximum. The Unit Release Order maximum may be increased if there is supporting documentation provided by the contractor and validated by the department, if funding is available. Notice for unit increase must be given 120 days prior to units being depleted.
4. Billing: Please refer to the Billing Manual provided to the Contractor outlining the procedures and forms to be used for billing services under this Contract. The billing rules will include the Healthcare Common Procedure Code System (HCPCS) for services billable under this Contract.

Arizona Early Intervention Program
[TYPE YOUR PROGRAM NAME HERE]
Informal Complaint Log - [ENTER TIME FRAME]



Date Received (e.g., date person called)	- Child's name - Parent's name - Parent's tel. number	Description of Concern	Actions, including dates	Resolution, including date